11/12/2010 15:37

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FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

				Offic	ce Use Only
1.		SE FEC MAILING LABEL OR TYPE OR PRINT	Example:If typing, type over the lines		
	GENESIS HEALTHCARE COI	RPORATION POLITICAL AC	TION COMMITTEE		
	<u> </u>				
AD	DRESS (number and street)	101 EAST STATE STREET			
Г	Check if different				
L	than previously reported. (ACC)	KENNETT SQUARE		PA	19348
2.	FEC IDENTIFICATION NUMB	ER ¥ CITY	(A	STATE	ZIPCODE 🛕
	C00292094	3. IS	THIS NEW (N)	OR X AMEND (A)	DED
4.	TYPE OF REPORT (Choose One)	Due On:	H	20 (M5) Aug 20 (M20 (M6) Sep 20 (M6)	Year Only)
	(a) Quarterly Reports:			0 (M7) Oct 20 (M	
	April 15 Quarterly Report(Q1) July 15 Quarterly Report(Q2)	(c) 12-Day	Primary (12P)	General (12G)	110) Jan 31 (YE) Runoff (12R)
	X October 15 Quarterly Report(Q3)	Report for the:	Convention (12C)	Special (12S)	
	January 31 Quarterly Report(YE)		n on		in the State of
	July 31 Mid-Year Report(Non-election Year Only) (MY)	(d) 30-Day Post -Election	General (30G)	Runoff (30R)	Special (30S)
	Termination Report (TER)	Report for the:	n on		in the State of
5.	Covering Period 0 7	01 2010	through	09 30 20	10
l ce	ertify that I have examined this Re	port and to the best of my kno	wledge and belief it is true,	correct and complete.	
Тур	oe or Print Name of Treasurer	LAURENCE F. LANE			
Sig	nature of Treasurer Electronic	cally Filed by LAURENCE F	. LANE	_ Date 11	12 2010
NO	TE : Submission of false, errone	ous, or incomplete information	may subject the person si	gning this Report to the pena	alties of 2 U.S.C 437g.
	Office Use Only			F	EC FORM 3X (Rev. 12/2004)
FF	6AN026	- '	•		

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2 / 277

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

D D [®]D 0 1 07 2010 0.9 3 0 2010 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 28218.56 January 1 (b) Cash on Hand at 55472.82 Begining of Reporting Period 43703.51 137734.18 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 99176.33 165952.74 6(a) and 6(c) for Column B) 87744.11 154520.52 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 11432.22 11432.22 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 277

Write or Type Committee Name

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	37091.87	96571.86
	(ii) Unitemized	5111.64	37662.32
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	42203.51	134234.18
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	42203.51	134234.18
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
10.	to Federal candidates and Other Political Committees	1500.00	3500.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	43703.51	137734.18
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	43703.51	137734.18

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 277

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: a) Shared Federal/Non-Federal		
(-	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	744.11	2635.52
(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii) and (b))	744.11	2635.52
	ransfers to Affiliated/Other Party Committees	0.00	0.00
3. C	Contributions to	0.00	0.00
F a	Federal Candidates/Committees and Other Political Committees	79000.00	138130.00
	ndependent Expenditure	0.00	0.00
	use Schedule E) Coordinated Expenditures Made by Party	0.00	0.00
. (Committees (2 U.S.C. 441a(d)) use Schedule F)	0.00	0.00
. L	oan Repayments Made	0.00	0.00
		0.00	
	oans MadeRefunds of Contributions To:	0.00	0.00
	a) Individuals/Persons Other	0.00	0.00
	Than Political Committees		0.00
(l	o) Political Party Committees	0.00	0.00
(0	c) Other Political Committees	0.00	0.00
	(such as PACs)d) Total Contribution Refunds	0.00	0.00
(0	d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
	(444 265 25(4), (2), 4.14 (5))		
). C	Other Disbursements	8000.00	13755.00
). F	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	87744.11	154520.52
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	0774444	454500.50
	from Line 31)	87744.11	154520.52

DETAILED SUMMARY PAGE

of Disbursements

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	42203.51	134234.18
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	42203.51	134234.18
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	744.11	2635.52
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	744.11	2635.52

FE6AN026

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 277 (check only one)			
ITEMIZED RECEIPTS	for each category of the				
	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full)					
` '	TION POLITICAL ACTION COMMITTEE				
Full Name (Last, First, Middle Initial) A. ELAINE C ADAMS		Date of Receipt			
Mailing Address 12 CARTIER ROAD	Mailing Address 12 CARTIER ROAD				
City	State Zip Code	Transaction ID: SA11AI.39168			
ENFIELD	CT 06082	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	15.20			
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation MANAGER-REGULATORY COMPLIA	ANCE			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General					
Other (specify)	212.80				
Full Name (Last, First, Middle Initial) B. ELAINE C ADAMS		Date of Receipt			
Mailing Address 12 CARTIER ROAD		07 / 23 / Y Y Y Y Y			
City	State Zip Code	Transaction ID: SA11AI.39169			
ENFIELD	CT 06082	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	15.20			
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation MANAGER-REGULATORY COMPLIA	ANCE			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	228.00				
Full Name (Last, First, Middle Initial) C. ELAINE C ADAMS		Date of Receipt			
Mailing Address 12 CARTIER ROAD		0 8 0 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code	Transaction ID: SA11AI.39170			
ENFIELD	CT 06082	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	15.20			
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation MANAGER-REGULATORY COMPLIA	ANCE			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General					
Other (specify) ▼	243.20				
SUBTOTAL of Receipts This Page (optional)		45.60			

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	e name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ELAINE C ADAMS Mailing Address 12 CARTIER ROAD			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City ENFIELD FEC ID number of contributing federal political committee.	State CT	Zip Code 06082	Transaction ID: SA11AI.39171 Amount of Each Receipt this Period 15.20
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		n ER-REGULATORY COMPLI Year-to-Date ▼ 258.40	ANCE
Full Name (Last, First, Middle Initial) ELAINE C ADAMS Mailing Address 12 CARTIER ROAD	<u> </u>		Date of Receipt 0 9 0 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
City ENFIELD	State CT	Zip Code 06082	Transaction ID: SA11AI.39172 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00002	15.20
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		n ER-REGULATORY COMPLI Year-to-Date ▼ 273.60	ANCE
Full Name (Last, First, Middle Initial) ELAINE C ADAMS			Date of Receipt
Mailing Address 12 CARTIER ROAD			09 17 2010
City ENFIELD	State CT	Zip Code 06082	Transaction ID: SA11AI.39173 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		15.20
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	- '	n ER-REGULATORY COMPLI Year-to-Date ▼ 288.80	ANCE
SUBTOTAL of Receipts This Page (optional)	•		45.60

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JAMES M ADAMS Mailing Address 314 MARLDALE DRIV		Date of Receipt
City	State Zip Code	0 7 0 2 2 0 1 0 Transaction ID: SA11AI.39174
MIDDLETOWN FEC ID number of contributing federal political committee.	DE 19709	Amount of Each Receipt this Period 25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	Occupation ADMINISTRATOR EXECUTIVE Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) JAMES M ADAMS Mailing Address 314 MARLDALE DRIV	VE	Date of Receipt 0 7 1 6 2 0 1 0
City MIDDLETOWN FEC ID number of contributing federal political committee.	State Zip Code DE 19709	Transaction ID: SA11AI.39175 Amount of Each Receipt this Period 25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	Occupation ADMINISTRATOR EXECUTIVE Aggregate Year-to-Date ▼ 325.00	
Full Name (Last, First, Middle Initial) JAMES M ADAMS Mailing Address Contact NAME RALE SERV		Date of Receipt
Mailing Address 314 MARLDALE DRING City	State Zip Code	0 7 3 0 2 0 1 0 Transaction ID: SA11AI.39176
MIDDLETOWN FEC ID number of contributing federal political committee.	DE 19709	Amount of Each Receipt this Period 25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation ADMINISTRATOR EXECUTIVE	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional) .		75.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9/2// (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oslicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	ATION POLIT	ICAL ACTION COMMITTEE	<u>:</u>
Full Name (Last, First, Middle Initial) JAMES M ADAMS			Date of Receipt
Mailing Address 314 MARLDALE DRI	VE		08 13 2010
City MIDDLETOWN	State DE	Zip Code 19709	Transaction ID: SA11AI.39177 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio ADMINIS	n STRATOR EXECUTIVE	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) JAMES M ADAMS			Date of Receipt
Mailing Address 314 MARLDALE DRI	VE		0 8 27 2010
City	State	Zip Code	Transaction ID: SA11AI.39178
MIDDLETOWN FEC ID number of contributing federal political committee.	C	19709	Amount of Each Receipt this Period 25.00
Name of Employer GENESIS HEALTHCARE CORPOR-	Occupatio	n STRATOR EXECUTIVE	
ATION Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		400.00	
Full Name (Last, First, Middle Initial) JAMES M ADAMS			Date of Receipt
Mailing Address 314 MARLDALE DRI	VE		0 9 1 0 2 0 1 0
City MIDDLETOWN	State DE	Zip Code	Transaction ID: SA11AI.39179
FEC ID number of contributing federal political committee.	C	19709	Amount of Each Receipt this Period 25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION		STRATOR EXECUTIVE	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 425.00	
			75.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persithe name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JAMES M ADAMS Mailing Address 314 MARLDALE DR	IVE	Date of Receipt
City MIDDLETOWN FEC ID number of contributing	State Zip Code DE 19709	Transaction ID: SA11AI.39180 Amount of Each Receipt this Period 25.00
Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	Occupation ADMINISTRATOR EXECUTIVE Aggregate Year-to-Date 450.00	
Full Name (Last, First, Middle Initial) JEFFREY D ADAMS Mailing Address 114 BORDEN WAY		Date of Receipt 0 7 0 9 2 0 1 0
City LINCOLN UNIVERSITY FEC ID number of contributing federal political committee.	State Zip Code PA 19352 C	Transaction ID: SA11AI.39181 Amount of Each Receipt this Period 20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	Occupation VP-CUSTOMER SYSTEMS Aggregate Year-to-Date 280.00	
Full Name (Last, First, Middle Initial) JEFFREY D ADAMS Mailing Address 114 BORDEN WAY		Date of Receipt
City LINCOLN UNIVERSITY FEC ID number of contributing federal political committee.	State Zip Code PA 19352	Transaction ID: SA11AI.39182 Amount of Each Receipt this Period 20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	Occupation VP-CUSTOMER SYSTEMS Aggregate Year-to-Date 300.00	
SUBTOTAL of Receipts This Page (optional))	65.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 277 (check only one) X 11a 11b 11c 12
		. 0	13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	TION POLIT	ICAL ACTION COMMITTEE	<u> </u>
Full Name (Last, First, Middle Initial) JEFFREY D ADAMS			Date of Receipt
Mailing Address 114 BORDEN WAY			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.39183
LINCOLN UNIVERSITY	PA	19352	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio VP-CUS	n TOMER SYSTEMS	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		320.00	
Full Name (Last, First, Middle Initial) JEFFREY D ADAMS	1		Date of Receipt
Mailing Address 114 BORDEN WAY			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.39184
LINCOLN UNIVERSITY	PA	19352	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio VP-CUS	n TOMER SYSTEMS	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 340.00	
Full Name (Last, First, Middle Initial) JEFFREY D ADAMS			Date of Receipt
Mailing Address 114 BORDEN WAY			09 03 7 2010
City	State	Zip Code	Transaction ID: SA11AI.39185
LINCOLN UNIVERSITY	PA	19352	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio VP-CUS	n TOMER SYSTEMS	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		360.00]
SUBTOTAL of Receipts This Page (optional)			60.00

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 / 277 (check only one)
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the	atements ma	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
<u> </u>	NAME OF COMMITTEE (In Full)			
	GENESIS HEALTHCARE CORPORAT	ION POLIT	TICAL ACTION COMMITTEE	
Α.	Full Name (Last, First, Middle Initial) JEFFREY D ADAMS			Date of Receipt
	Mailing Address 114 BORDEN WAY	0 9 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11AI.39186
	LINCOLN UNIVERSITY	PA	19352	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-CUS	on TOMER SYSTEMS	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		380.00	
В.	Full Name (Last, First, Middle Initial) HARRY H ALBERTS			Date of Receipt
	Mailing Address 213 WITTSHIRE DRIVI	07 09 2010		
	City	State	Zip Code	Transaction ID: SA11AI.39187
	KENNETT SQUARE	PA	19348	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		24.43
	Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VICE PF	on RESIDENT-INTERNAL AUDIT	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		342.02	
С.	Full Name (Last, First, Middle Initial) HARRY H ALBERTS			Date of Receipt
	Mailing Address 213 WITTSHIRE DRIVI	≣		07 23 7 2010
	City	State	Zip Code	Transaction ID: SA11AI.39188
	KENNETT SQUARE	PA	19348	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		24.43
	Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VICE PF	on RESIDENT-INTERNAL AUDIT	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		366.45	
	SUBTOTAL of Receipts This Page (optional)			68.86

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	
Full Name (Last, First, Middle Initial) HARRY H ALBERTS Mailing Address 213 WITTSHIRE DRIV City KENNETT SQUARE FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)		Date of Receipt M M O O O O O O O O O O O O O O O O O
Full Name (Last, First, Middle Initial) HARRY H ALBERTS Mailing Address 213 WITTSHIRE DRIV City KENNETT SQUARE FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)	VE State Zip Code PA 19348 C Occupation VICE PRESIDENT-INTERNAL AUDIT Aggregate Year-to-Date ▼ 415.31	Date of Receipt M M Z D Z D Z D J Z D D Z D D Z D D D Z D D D D
Full Name (Last, First, Middle Initial) HARRY H ALBERTS Mailing Address 213 WITTSHIRE DRIV City KENNETT SQUARE FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)	State Zip Code PA 19348 C Occupation VICE PRESIDENT-INTERNAL AUDIT Aggregate Year-to-Date ▼ 439.74	Date of Receipt M M O 9 O 3 2 0 1 0 Transaction ID: SA11AI.39191 Amount of Each Receipt this Period 24.43
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	·	73.29

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to DRATION POLITICAL ACTION COMMITTEE	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	STATION I GETTIONE ACTION GOMINITITEE	
Mailing Address 213 WITTSHIRE	DRIVE	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.39192
KENNETT SQUARE	PA 19348	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	24.43
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VICE PRESIDENT-INTERNAL AUDIT	r
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 464.17	
Full Name (Last, First, Middle Initial) CHRISTINE M ALLEN		Date of Receipt
Mailing Address 209 NORTH DEE	RWOOD DRIVE	07 09 7 2010
City	State Zip Code	Transaction ID: SA11Al.39193
WEST CHESTER	PA 19382	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-COMMUNITY BASED SVS	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00	
Full Name (Last, First, Middle Initial) CHRISTINE M ALLEN		Date of Receipt
Mailing Address 209 NORTH DEE	RWOOD DRIVE	07 23 7 2010
City	State Zip Code	Transaction ID: SA11AI.39194
WEST CHESTER FEC ID number of contributing federal political committee.	PA 19382	Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-COMMUNITY BASED SVS	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 670.00	
	nal)	124.43

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persible name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CHRISTINE M ALLEN Mailing Address 209 NORTH DEERV City WEST CHESTER FEC ID number of contributing federal political committee.	VOOD DRIVE State Zip Code PA 19382	Date of Receipt M M M / D D / Y Y Y Y Y 0 8 / 0 6 / 2 0 1 0 Transaction ID: SA11AI.39195 Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	Occupation VP-COMMUNITY BASED SVS Aggregate Year-to-Date 720.00	
Full Name (Last, First, Middle Initial) CHRISTINE M ALLEN Mailing Address 209 NORTH DEERV	VOOD DRIVE	Date of Receipt 0 8 2 0 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.39196
WEST CHESTER FEC ID number of contributing federal political committee.	PA 19382	Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	Occupation VP-COMMUNITY BASED SVS Aggregate Year-to-Date 770.00	
Full Name (Last, First, Middle Initial) CHRISTINE M ALLEN		Date of Receipt
Mailing Address 209 NORTH DEERV	VOOD DRIVE	09 03 2010
City WEST CHESTER	State Zip Code PA 19382	Transaction ID: SA11AI.39197 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:	Occupation VP-COMMUNITY BASED SVS	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 820.00	
SUBTOTAL of Receipts This Page (optional)		150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORAT	tatements may not be sold or used by any personame and address of any political committee to the political committee to the political committee to the political address of any political committee to the political address of any political address of address of any political address of addr	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CHRISTINE M ALLEN Mailing Address 209 NORTH DEERWC City WEST CHESTER FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General	State Zip Code PA 19382 C Occupation VP-COMMUNITY BASED SVS Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.39198 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) DAVID C ALMQUIST Mailing Address 811 GRANTLEY COUF City YORK FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General	State Zip Code PA 17403 C Occupation PRESIDENT-DIVISIONAL Aggregate Year-to-Date 2100.00	Date of Receipt M M M O 7 O 9 2 0 1 0 Transaction ID: SA11AI.39199 Amount of Each Receipt this Period 150.00
Full Name (Last, First, Middle Initial) DAVID C ALMQUIST Mailing Address 811 GRANTLEY COUF City YORK FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:	State Zip Code PA 17403 C Occupation PRESIDENT-DIVISIONAL Aggregate Year-to-Date	Date of Receipt M M M 2 3 2 1 0 Transaction ID: SA11AI.39200 Amount of Each Receipt this Period 150.00
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of the company of the compa		350.00

	LE A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commerc	cial purposes, other than using the	Statements mage name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
1 \	COMMITTEE (In Full) B HEALTHCARE CORPORA	TION POLIT	TICAL ACTION COMMITTEE	
DAVID C AL				Date of Receipt
Mailing Add	dress 811 GRANTLEY COU	RT		08 / 06 / 2010
City YORK		State PA	Zip Code 17403	Transaction ID: SA11AI.39201 Amount of Each Receipt this Period
FEC ID nur	mber of contributing ical committee.	C	17400	150.00
Name of Er GENESIS INC.	nployer HEALTH VENTURES,	Occupatio PRESIDI	n ENT-DIVISIONAL	
Receipt For Prima		Aggregate	e Year-to-Date ▼ 2400.00	
DAVID C AL				Date of Receipt
Mailing Add	dress 811 GRANTLEY COU	RT		08 20 2010
City YORK		State	Zip Code	Transaction ID: SA11AI.39202
FEC ID nur	nber of contributing ical committee.	C	17403	Amount of Each Receipt this Period
Name of Er GENESIS INC.	nployer HEALTH VENTURES,	Occupatio PRESIDI	n ENT-DIVISIONAL	
Receipt For Prima		Aggregate	e Year-to-Date ▼ 2550.00	
Full Name ((Last, First, Middle Initial) MQUIST			Date of Receipt
Mailing Add	dress 811 GRANTLEY COU	RT		09 03 2010
City YORK		State PA	Zip Code 17403	Transaction ID: SA11AI.39203 Amount of Each Receipt this Period
FEC ID nur	mber of contributing ical committee.	C		150.00
Name of Er GENESIS INC.	nployer HEALTH VENTURES,	Occupatio PRESIDI	n ENT-DIVISIONAL	
Receipt For Prima Other		Aggregate	e Year-to-Date ▼ 2700.00	
SUBTOTAL (450.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	e X 11a 11b 11c 12
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by an the name and address of any political comm	y person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
	RATION POLITICAL ACTION COMM	ITTEE
Full Name (Last, First, Middle Initial) DAVID C ALMQUIST Mailing Address 811 GRANTLEY C	OURT	Date of Receipt 0 9 1 7 2 0 1 0
City YORK	State Zip Code PA 17403	Transaction ID: SA11AI.39204 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼	Occupation PRESIDENT-DIVISIONAL Aggregate Year-to-Date 2850.0	00
Full Name (Last, First, Middle Initial) PAUL BACH Mailing Address 18 FARM RIDGE (COURT	Date of Receipt 0 7 0 9 2 0 1 0
City BALDWIN	State Zip Code MD 21013	Transaction ID: SA11AI.39219
FEC ID number of contributing federal political committee.	MD 21013	Amount of Each Receipt this Period 215.38
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-SR CENTERS OPERATION	NS
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3015.3	32
Full Name (Last, First, Middle Initial) PAUL BACH Mailing Address 18 FARM RIDGE (COURT	Date of Receipt 0 7 2 3 2 0 1 0
City BALDWIN	State Zip Code MD 21013	Transaction ID: SA11AI.39220
FEC ID number of contributing federal political committee.	MD 21013	Amount of Each Receipt this Period 215.38
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-SR CENTERS OPERATION	NS
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3230.7	70
SUBTOTAL of Receipts This Page (option	(ls	580.76
TOTAL This Period (last page this line nur	<u>'</u>	

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 277 (check only one) X
4	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any pers- ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	ATION POLITI	CAL ACTION COMMITTEE	≣
۱.	Full Name (Last, First, Middle Initial) PAUL BACH			Date of Receipt
	Mailing Address 18 FARM RIDGE CO	OURI		08 / 06 / 2010
	City BALDWIN	State MD	Zip Code 21013	Transaction ID: SA11AI.39221 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		215.38
	Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-SR CE	ENTERS OPERATIONS	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3446.08	
-	Full Name (Last, First, Middle Initial) PAUL BACH			Date of Receipt
	Mailing Address 18 FARM RIDGE CO	URT		0 8 2 0 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.39222
	BALDWIN FEC ID number of contributing federal political committee.	C	21013	Amount of Each Receipt this Period 215.38
	Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-SR CE	ENTERS OPERATIONS	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3661.46	
. –	Full Name (Last, First, Middle Initial) PAUL BACH			Date of Receipt
	Mailing Address 18 FARM RIDGE CO	URT		09 03 2010
	City BALDWIN	State MD	Zip Code 21013	Transaction ID: SA11AI.39223 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1	215.38
	Name of Employer GENESIS HEALTH VENTURES, INC.		ENTERS OPERATIONS	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3876.84	
	SUBTOTAL of Receipts This Page (optional)			646.14

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 277 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	he name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) PAUL BACH Mailing Address 18 FARM RIDGE CC	DURT		Date of Receipt
City BALDWIN FEC ID number of contributing	State MD	Zip Code 21013	0 9 1 7 2 0 1 0 Transaction ID: SA11AI.39224 Amount of Each Receipt this Period 215.38
federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼	Occupation VP-SR C	n ENTERS OPERATIONS Year-to-Date ▼ 4092.22]
Full Name (Last, First, Middle Initial) ALEX BELL Mailing Address 1600 GARRETT RO	AD, APT. A-20	04	Date of Receipt 0 7 0 9 2 0 1 0
City UPPER DARBY FEC ID number of contributing	State PA	Zip Code 19082	Transaction ID: SA11AI.39228 Amount of Each Receipt this Period 40.00
federal political committee. Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation DIRECTO	n DR-REGIONAL REIMBURSI Year-to-Date ▼ 560.00	EMINT
Full Name (Last, First, Middle Initial) ALEX BELL Mailing Address 1600 GARRETT ROA	AD, APT. A-20)4	Date of Receipt
City UPPER DARBY FEC ID number of contributing	State PA	Zip Code 19082	Transaction ID: SA11AI.39229 Amount of Each Receipt this Period 40.00
Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For:	Occupation DIRECTO	n DR-REGIONAL REIMBURSI PYear-to-Date ▼	
Primary General Other (specify) ▼	, 1991 09410	600.00	
SUBTOTAL of Receipts This Page (optional)			295.38

SCHEDULE A ITEMIZED REC	(FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 277 (check only one) X
Any information copied or for commercial purpo	oses, other than using the na	tements may ame and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
GENESIS HEAL	THCARE CORPORATION	ON POLIT	ICAL ACTION COMMITTEE	<u> </u>
Full Name (Last, Fir	· ,			Date of Receipt
	600 GARRETT ROAD,			08 06 2010
City <u>UPPER DARBY</u>		State PA	Zip Code 19082	Transaction ID: SA11AI.39230 Amount of Each Receipt this Period
FEC ID number of of federal political com		C		40.00
Name of Employer GENESIS HEALTH ATION	ICARE CORPOR-	Occupation DIRECTO	n DR-REGIONAL REIMBURS	
Receipt For: Primary Other (specify	General) ▼	Aggregate	Year-to-Date ▼ 640.00	
Full Name (Last, Fir	· ,	ADT. A Of		Date of Receipt
	600 GARRETT ROAD,	AP1. A-20		08 / 20 / 2010
City UPPER DARBY		State PA	Zip Code 19082	Transaction ID: SA11AI.39231 Amount of Each Receipt this Period
FEC ID number of of federal political com		C		40.00
Name of Employer GENESIS HEALTH ATION	ICARE CORPOR-	Occupation DIRECTO	n DR-REGIONAL REIMBURS	EMNT
Receipt For:	General	Aggregate	Year-to-Date ▼	
Other (specify			680.00	
Full Name (Last, Fir	st, Middle Initial)			Date of Receipt
Mailing Address 1	600 GARRETT ROAD,	APT. A-20)4	09 03 2010
City <u>UPPER DARBY</u>		State PA	Zip Code 19082	Transaction ID: SA11AI.39232 Amount of Each Receipt this Period
FEC ID number of of federal political com		C	13002	40.00
Name of Employer GENESIS HEALTH ATION	ICARE CORPOR-		OR-REGIONAL REIMBURS	EMNT
Receipt For: Primary Other (specify	General	Aggregate	Year-to-Date ▼ 720.00	
	L			120.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 277 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	e name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ALEX BELL Mailing Address 1600 GARRETT ROAL	D, APT. A-20	04	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City <u>UPPER DARBY</u> FEC ID number of contributing federal political committee.	State PA	Zip Code 19082	Transaction ID: SA11AI.39233 Amount of Each Receipt this Period 40.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	. '	n OR-REGIONAL REIMBURSI Year-to-Date ▼ 760.00	EMINT
Full Name (Last, First, Middle Initial) ALICEMAE BELL Mailing Address 23 PEMBROKE LANE			Date of Receipt 0 7 0 2 2 0 1 0
City AGAWAM FEC ID number of contributing	State MA	Zip Code 01001	Transaction ID: SA11AI.39234 Amount of Each Receipt this Period
rederal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼		n DR-CONSULTING e Year-to-Date ▼ 260.00	10.00
Full Name (Last, First, Middle Initial) ALICEMAE BELL Mailing Address 23 PEMBROKE LANE			Date of Receipt 0 7 0 9 2 0 1 0
City AGAWAM	State MA	Zip Code 01001	Transaction ID: SA11AI.39235 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	n	10.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	DIRECTO	OR-CONSULTING e Year-to-Date ▼ 270.00	
SUBTOTAL of Receipts This Page (optional)			60.00

SCHEDULE A (FEC FO	rm 3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Ful	eports and Statements may not be sold or used by any pe an using the name and address of any political committee) ORPORATION POLITICAL ACTION COMMITT	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle In ALICEMAE BELL Mailing Address 23 PEMBR	tial)	Date of Receipt
City AGAWAM	State Zip Code MA 01001	Transaction ID: SA11AI.39236 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURE INC. Receipt For: Primary General Other (specify)	Occupation DIRECTOR-CONSULTING Aggregate Year-to-Date 280.00	10.00
Full Name (Last, First, Middle In ALICEMAE BELL Mailing Address 23 PEMBRo	,	Date of Receipt 0 7 2 3 2 0 1 0
City AGAWAM	State Zip Code MA 01001	Transaction ID: SA11AI.39237 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer GENESIS HEALTH VENTURE INC.	DIRECTOR-CONSOLTING	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	
Full Name (Last, First, Middle In ALICEMAE BELL	iial)	Date of Receipt
Mailing Address 23 PEMBR	DKE LANE	07 30 7 2010
City <u>AGAWAM</u>	State Zip Code MA 01001	Transaction ID: SA11AI.39238 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer GENESIS HEALTH VENTURE INC.	DIRECTOR-CONSULTING	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page	(optional)	30.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORAT	tatements may not be sold or used by any personame and address of any political committee to FION POLITICAL ACTION COMMITTEE	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ALICEMAE BELL Mailing Address 23 PEMBROKE LANE City AGAWAM FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)	State Zip Code MA 01001 C Occupation DIRECTOR-CONSULTING Aggregate Year-to-Date 310.00	Date of Receipt M M O O O O O O O O O O O O O O O O O
Full Name (Last, First, Middle Initial) ALICEMAE BELL Mailing Address 23 PEMBROKE LANE City AGAWAM FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)	State Zip Code MA 01001 C Occupation DIRECTOR-CONSULTING Aggregate Year-to-Date 320.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) ALICEMAE BELL Mailing Address 23 PEMBROKE LANE City AGAWAM FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)	State Zip Code MA 01001 C Occupation DIRECTOR-CONSULTING Aggregate Year-to-Date 330.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		30.00

SCHEDULI ITEMIZED	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 277 (check only one) X
or for commercia	DMMITTEE (In Full)	name and add	y not be sold or used by any person dress of any political committee to TICAL ACTION COMMITTEE	on for the purpose of soliciting contributions o solicit contributions from such committee.
ALICEMAE BE Mailing Addre	ist, First, Middle Initial) LL ss 23 PEMBROKE LANE	Stata	7in Codo	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City AGAWAM		State MA	Zip Code 01001	Transaction ID: SA11AI.39242 Amount of Each Receipt this Period
FEC ID numb federal politica	er of contributing al committee.	C		10.00
INC. Receipt For: Primary	loyer ALTH VENTURES, General specify)	-	DR-CONSULTING Year-to-Date ▼ 340.00	
ALICEMAE BE	ust, First, Middle Initial) LL ss 23 PEMBROKE LANE			Date of Receipt 0 9 0 3 2 0 1 0
City		State	Zip Code	Transaction ID: SA11Al.39243
AGAWAM FEC ID numb federal politica	er of contributing al committee.	C	01001	Amount of Each Receipt this Period
Name of Emp GENESIS HE INC. Receipt For:	loyer EALTH VENTURES, General	_	DR-CONSULTING Year-to-Date ▼	
Other (s	specify) 🔻		350.00	
Full Name (La ALICEMAE BE Mailing Addre				Date of Receipt
City		State	Zip Code	0 9 1 7 2 0 1 0 Transaction ID: SA11AI.39244
AGAWAM FEC ID numb federal politica	er of contributing al committee.	C	01001	Amount of Each Receipt this Period 10.00
Name of Emp GENESIS HE INC.	loyer EALTH VENTURES,	Occupation DIRECTO	n DR-CONSULTING	
Receipt For: Primary	General pecify) ▼	Aggregate	Year-to-Date ▼ 360.00	
SUBTOTAL of I	Receipts This Page (optional)			30.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 277 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	e name and add	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JEFFREY BERENBACH Mailing Address 8007 YELLOWSTON City KINGSVILLE FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES,	State MD C Occupation	Zip Code 21087	Date of Receipt 0 7 0 9 2 0 1 0 Transaction ID: SA11AI.39245 Amount of Each Receipt this Period
Receipt For: Primary Other (specify)		OR-ELDERCARE CENTERS Year-to-Date ▼ 2100.00	S REG
Full Name (Last, First, Middle Initial) JEFFREY BERENBACH Mailing Address 8007 YELLOWSTON	E RD		Date of Receipt 0 7 2 3 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.39246
KINGSVILLE	MD	21087	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		150.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼		n DR-ELDERCARE CENTERS Year-to-Date ▼ 2250.00	S REG
Full Name (Last, First, Middle Initial)	•		Data of Descript
JEFFREY BERENBACH Mailing Address 8007 YELLOWSTON	IE RD		Date of Receipt M M D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.39247
KINGSVILLE	MD	21087	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		150.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼	_ '	n DR-ELDERCARE CENTERS Year-to-Date ▼ 2400.00	S REG
SUBTOTAL of Receipts This Page (optional)	-		450.00

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 277 (check only one) X
or for comm	tion copied from such Reports and S ercial purposes, other than using the F COMMITTEE (In Full)	tatements managements managements	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
GENES	SIS HEALTHCARE CORPORAT	TION POLIT	ICAL ACTION COMMITTEE	
JEFFRE\	e (Last, First, Middle Initial) / BERENBACH			Date of Receipt
	ddress 8007 YELLOWSTONE		7in Code	08 20 2010
City <u>KINGS</u>	VILLE	State MD	Zip Code 21087	Transaction ID: SA11AI.39248 Amount of Each Receipt this Period
	number of contributing olitical committee.	C		150.00
Name of GENESI INC.	Employer S HEALTH VENTURES,	Occupatio DIRECT(n OR-ELDERCARE CENTERS	── SIREG
	For: mary General ner (specify) ▼	Aggregate	e Year-to-Date ▼ 2550.00	
JEFFREY	e (Last, First, Middle Initial) / BERENBACH .ddress 8007 YELLOWSTONE	. DD		Date of Receipt
	address 8007 YELLOWSTONE			09 03 2010
City KINGS	VILLE	State MD	Zip Code 21087	Transaction ID: SA11AI.39249 Amount of Each Receipt this Period
FEC ID r	number of contributing olitical committee.	С		150.00
Name of GENESI INC.	Employer S HEALTH VENTURES,	Occupatio DIRECT(n OR-ELDERCARE CENTERS	── S REG
Receipt F	For: mary General	Aggregate	e Year-to-Date ▼	
	ner (specify) ♥		2700.00	
	e (Last, First, Middle Initial) / BERENBACH			Date of Receipt
Mailing A	ddress 8007 YELLOWSTONE	RD		0 9 1 7 2 0 1 0
City KINGS	//II I F	State MD	Zip Code 21087	Transaction ID: SA11AI.39250 Amount of Each Receipt this Period
FEC ID r	number of contributing olitical committee.	C	21007	150.00
INC.	Employer S HEALTH VENTURES,		OR-ELDERCARE CENTERS	S REG
	For: mary General ner (specify) ▼	Aggregate	e Year-to-Date ▼ 2850.00	
	L of Receipts This Page (optional)	I		450.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Report or for commercial purposes, other than to NAME OF COMMITTEE (In Full)	rts and Statements may not be sold or used by any persusing the name and address of any political committee t	
/	PORATION POLITICAL ACTION COMMITTE	E
Full Name (Last, First, Middle Initial) GARY B BERNETT	AVE	Date of Receipt
Mailing Address 429 COLLEGE City	State Zip Code	0 7 0 9 2 0 1 0 Transaction ID: SA11Al.39251
HAVERFORD	PA 19041	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer GENESIS HEALTHCARE CORPOR ATION	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) GARY B BERNETT		Date of Receipt
Mailing Address 429 COLLEGE	AVE	07 23 YYYY 2010
City	State Zip Code	Transaction ID: SA11AI.39252
HAVERFORD	PA 19041	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer GENESIS HEALTHCARE CORPOR ATION	Occupation PHYSICIAN	
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Other (specify)	750.00	
Full Name (Last, First, Middle Initial) GARY B BERNETT	'	Date of Receipt
Mailing Address 429 COLLEGE	AVE	08 06 YYYYY 08 06 2010
City	State Zip Code	Transaction ID: SA11AI.39253
HAVERFORD	PA 19041	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer GENESIS HEALTHCARE CORPORATION	PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
SURTOTAL of Receipts This Page (or	tional)	150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)		
Full Name (Last, First, Middle Initial)	TION POLITICAL ACTION COMMITTE	
GARY B BERNETT Mailing Address 429 COLLEGE AVE		Date of Receipt 0 8 2 0 2 0 1 0
City HAVERFORD	State Zip Code PA 19041	Transaction ID: SA11AI.39254
FEC ID number of contributing federal political committee.	PA 19041	Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General	Occupation PHYSICIAN Aggregate Year-to-Date ▼ 850.00	
Full Name (Last, First, Middle Initial) GARY B BERNETT Mailing Address 429 COLLEGE AVE		Date of Receipt
City	State Zip Code	0 9 0 3 2 0 1 0 Transaction ID: SA11AI.39255
HAVERFORD FEC ID number of contributing federal political committee.	PA 19041	Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) GARY B BERNETT		Date of Receipt
Mailing Address 429 COLLEGE AVE		09 17 2010
City HAVERFORD	State Zip Code PA 19041	Transaction ID: SA11AI.39256 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	
SUPTOTAL of Possints This Page (entional)		150.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	ly not be sold or used by any personders of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	GENESIS HEALTHCARE CORPORA	ATION POLIT	FICAL ACTION COMMITTEE	
Α.	Full Name (Last, First, Middle Initial) DAVID BERTHA			Date of Receipt
	Mailing Address 212 ARDMORE AVE			07 09 2010
	City <u>HADDONFIELD</u>	State NJ	Zip Code 08033	Transaction ID: SA11AI.39257 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00000	40.00
	Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation PRESID	on ENT-GEN HOSPITALITY S\	<u></u>
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 560.00	
- В.	Full Name (Last, First, Middle Initial) DAVID BERTHA			Date of Receipt
	Mailing Address 212 ARDMORE AVE	NUE		07 23 2010
	City	State	Zip Code	Transaction ID: SA11AI.39258
	HADDONFIELD	NJ	08033	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer GENESIS HEALTH VENTURES, INC.		ENT-GEN HOSPITALITY S\	/S
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
c.	Full Name (Last, First, Middle Initial) DAVID BERTHA			Date of Receipt
	Mailing Address 212 ARDMORE AVE	NUE		08 / 06 / Y Y Y Y Y Y Y Y
	City <u>HADDONFIELD</u>	State NJ	Zip Code 08033	Transaction ID: SA11AI.39259 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer GENESIS HEALTH VENTURES, INC.		ENT-GEN HOSPITALITY S\	/S
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 640.00	
	SUBTOTAL of Receipts This Page (optional)			120.00
f	TOTAL This Period (last page this line number	er only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each	arate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 31 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	e name and address of any	political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DAVID BERTHA Mailing Address 212 ARDMORE AVE City HADDONFIELD FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES,	State Zip Coo NJ 08033		Date of Receipt M M D D 2 0 1 0
INC. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	PRESIDENT-GEN Aggregate Year-to-Dat		5
DAVID BERTHA Mailing Address 212 ARDMORE AVE City HADDONFIELD	NUE State Zip Coo NJ 08033	de	Date of Receipt M M M
FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼	Occupation PRESIDENT-GEN Aggregate Year-to-Dat		40.00
Full Name (Last, First, Middle Initial) DAVID BERTHA Mailing Address 212 ARDMORE AVE	NUE		Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City HADDONFIELD FEC ID number of contributing federal political committee.	State Zip Coo NJ 08033	de	Transaction ID: SA11AI.39262 Amount of Each Receipt this Period 40.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation PRESIDENT-GEN Aggregate Year-to-Dat		6
SUBTOTAL of Receipts This Page (optional)	1	·····	120.00

	_	
SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 32 / 277
ITEMIZED RECEIPTS	for each category of the	(check only one)
HEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
	Betailed Garrinary Fage	13 14 15 16 17
Any information copied from such Reports and St	atements may not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
GENESIS HEALTHCARE CORPORAT	TION POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) A. JUDITH BLINN		Date of Receipt
Mailing Address 67 BLOSSOM ROAD		M M / D D / Y Y Y Y
City	State Zip Code	07 09 2010 Transaction ID: SA11AI.39269
WINDHAM	NH 03087	Amount of Each Receipt this Period
•	1411 00007	Amount of Each Necept this Feriou
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer GENESIS HEALTHCARE CORPOR-	Occupation	
ATION Receipt For:	VP OPERATIONS Aggregate Year-to-Date ▼	-
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	490.00	
Cuter (Speerly)	0 0 0 0 0 0 0 0	
Full Name (Last, First, Middle Initial) B. JUDITH BLINN		Date of Receipt
Mailing Address 67 BLOSSOM ROAD		M M / D D / Y Y Y Y
		07 23 2010
City	State Zip Code	Transaction ID: SA11Al.39270
WINDHAM	NH 03087	Amount of Each Receipt this Period
FEC ID number of contributing		35.00
federal political committee.	C	33.00
Name of Employer GENESIS HEALTHCARE CORPOR-	Occupation	
ATION	VP OPERATIONS	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	525.00	
Other (specify) ▼	0.00	
Full Name (Last, First, Middle Initial)		Data of Descript
C. JUDITH BLINN Mailing Address 67 BLOSSOM ROAD		Date of Receipt
Walling Address 67 BLOSSOW NOAD		08 06 2010
City	State Zip Code	Transaction ID: SA11AI.39271
WINDHAM	NH 03087	Amount of Each Receipt this Period
FEC ID number of contributing	C	35.00
federal political committee.	0	55.50
Name of Employer GENESIS HEALTHCARE CORPOR-	Occupation	7
ATION	VP OPERATIONS	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	560.00	
Other (specify) ▼	300.00	
CURTOTAL of Descints This Description in		105.00
SUBTOTAL of Receipts This Page (optional)		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commencial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) JUDITH BLINN Malling Address 67 BLOSSOM ROAD City State Zip Code WINDHAM NH 33687 FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ WINDHAM NH 33897 Full Name (Last, First, Middle Initial) JUDITH BLINN Malling Address 67 BLOSSOM ROAD City State Zip Code WINDHAM NH 33897 FULL Name (Last, First, Middle Initial) JUDITH BLINN Malling Address 67 BLOSSOM ROAD City State Zip Code WINDHAM NH 33897 FULL Name (Last, First, Middle Initial) JUDITH BLINN Marria of Enployer ATION Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) JUDITH BLINN Malling Address 67 BLOSSOM ROAD City State Zip Code WINDHAM NH 33897 Full Name (Last, First, Middle Initial) JUDITH BLINN Malling Address 67 BLOSSOM ROAD City State Zip Code WINDHAM NH 33897 Full Name (Last, First, Middle Initial) JUDITH BLINN Malling Address 67 BLOSSOM ROAD City State Zip Code WINDHAM NH 33897 Full Name (Last, First, Middle Initial) JUDITH BLINN Malling Address 67 BLOSSOM ROAD City State Zip Code WINDHAM NH 33897 Full Name (Last, First, Middle Initial) JUDITH BLINN Malling Address 67 BLOSSOM ROAD City State Zip Code WINDHAM NH 33897 Full Name (Last, First, Middle Initial) JUDITH BLINN Malling Address 67 BLOSSOM ROAD City General Other (specify) ▼ Other (specify) ▼ Amount of Each Receipt This Pege (optional) Date of Receipt Transaction ID: SA11Al.39274 Amount of Each Receipt This Pege (optional) Date of Receipt Transaction ID: SA11Al.39274 Amount of Each Receipt This Pege (optional) Date of Receipt Transaction ID: SA11Al.39274	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Date of Receipt	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committee to	solicit contributions from such committee.
Date of Receipt M M M M M M M M M M	JUDITH BLINN Mailing Address 67 BLOSSOM ROAD City WINDHAM FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General	NH 03087 C Occupation VP OPERATIONS Aggregate Year-to-Date ▼ 595.00	Transaction ID: SA11AI.39272 Amount of Each Receipt this Period
JUDITH BLINN Mailing Address 67 BLOSSOM ROAD City State Zip Code WINDHAM NH 03087 FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 105 00	JUDITH BLINN Mailing Address 67 BLOSSOM ROAD City WINDHAM FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General	NH 03087 C Occupation VP OPERATIONS Aggregate Year-to-Date ▼	Transaction ID: SA11AI.39273 Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	JUDITH BLINN Mailing Address 67 BLOSSOM ROAD City WINDHAM FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General	NH 03087 C Occupation VP OPERATIONS Aggregate Year-to-Date ▼	Transaction ID: SA11AI.39274 Amount of Each Receipt this Period
	SUBTOTAL of Receipts This Page (optional)		105.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persole name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) RICHARD P BLINN		Date of Receipt
Mailing Address 67 BLOSSOM ROAD		$\begin{bmatrix} M & M & / & D & D & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$
City	State Zip Code	Transaction ID: SA11AI.39275
WINDHAM	NH 03087	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation EXECUTIVE VICE PRESIDENT	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	
Full Name (Last, First, Middle Initial) RICHARD P BLINN	_L	Date of Receipt
Mailing Address 67 BLOSSOM ROAD		0 7 2 3 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.39276
WINDHAM	NH 03087	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation EXECUTIVE VICE PRESIDENT	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	
Full Name (Last, First, Middle Initial) RICHARD P BLINN	_L	Date of Receipt
Mailing Address 67 BLOSSOM ROAD		0 8 0 6 2 0 1 0
City WINDHAM	State Zip Code NH 03087	Transaction ID: SA11AI.39277
FEC ID number of contributing federal political committee.	NH 03087	Amount of Each Receipt this Period 150.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation EXECUTIVE VICE PRESIDENT	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2400.00	
SUBTOTAL of Receipts This Page (optional)		450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal name and address of any political committee to ATION POLITICAL ACTION COMMITTEE	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) RICHARD P BLINN Mailing Address 67 BLOSSOM ROAD City WINDHAM FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General		Date of Receipt M M M / D D / Y Y Y Y Y O 8 / 2 0 1 0 Transaction ID: SA11AI.39278 Amount of Each Receipt this Period 150.00
Other (specify) Full Name (Last, First, Middle Initial) RICHARD P BLINN Mailing Address 67 BLOSSOM ROAD City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
WINDHAM FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General	NH 03087 C Occupation EXECUTIVE VICE PRESIDENT Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
Other (specify) ▼ Full Name (Last, First, Middle Initial) RICHARD P BLINN Mailing Address 67 BLOSSOM ROAD City	State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
WINDHAM FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPOR-	NH 03087	Amount of Each Receipt this Period 150.00
GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify)	EXECUTIVE VICE PRESIDENT Aggregate Year-to-Date ▼ 2850.00	
SUBTOTAL of Receipts This Page (optional)		450.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 277 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to	d Statements may the name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR	RATION POLIT	ICAL ACTION COMMITTEE	<u> </u>
Full Name (Last, First, Middle Initial) EDWARD J BOEGGEMAN			Date of Receipt
Mailing Address 11 CONCORD WAY			07 09 7 2010
City	State	Zip Code	Transaction ID: SA11AI.39281
CHADDS FORD	PA	19317	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		75.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupatio VP & RE	n GIONAL CONTROLLER	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1050.00]
Full Name (Last, First, Middle Initial) EDWARD J BOEGGEMAN	1		Date of Receipt
Mailing Address 11 CONCORD WAY	/		07 23 YYYYY
City	State	Zip Code	Transaction ID: SA11AI.39282
CHADDS FORD	PA	19317	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		75.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupatio VP & RE	n GIONAL CONTROLLER	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1125.00	
Full Name (Last, First, Middle Initial) EDWARD J BOEGGEMAN			Date of Receipt
Mailing Address 11 CONCORD WAY	′		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.39283
CHADDS FORD	PA	19317	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		75.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupatio VP & RE	n GIONAL CONTROLLER	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		1200.00	
SUBTOTAL of Receipts This Page (optional			225.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR	the name and add	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) EDWARD J BOEGGEMAN Mailing Address 11 CONCORD WAY	,		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CHADDS FORD FEC ID number of contributing	State PA	Zip Code 19317	Transaction ID: SA11AI.39284 Amount of Each Receipt this Period
federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)		n GIONAL CONTROLLER e Year-to-Date ▼ 1275.00	75.00
Full Name (Last, First, Middle Initial) EDWARD J BOEGGEMAN Mailing Address 11 CONCORD WAY	,		Date of Receipt 0 9 0 3 2 0 1 0
City CHADDS FORD FEC ID number of contributing federal political committee.	State PA	Zip Code 19317	Transaction ID: SA11AI.39285 Amount of Each Receipt this Period 75.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼	- t	n GIONAL CONTROLLER 9 Year-to-Date ▼ 1350.00	
Full Name (Last, First, Middle Initial) EDWARD J BOEGGEMAN Mailing Address 11 CONCORD WAY	,		Date of Receipt 0 9 1 7 2 0 1 0
City CHADDS FORD	State PA	Zip Code 19317	Transaction ID: SA11AI.39286 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		75.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼	_ , '	n GIONAL CONTROLLER e Year-to-Date ▼ 1425.00	
SUBTOTAL of Receipts This Page (optional))		225.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 277 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any price he name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOSEPH B. BOURNE		Date of Receipt
Mailing Address 16 PERRY RIDGE C City BALTIMORE	State Zip Code MD 21237	Transaction ID: SA11AI.39294 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	Occupation SR VP-RESP HEALTH SVS Aggregate Year-to-Date 700.00	
Full Name (Last, First, Middle Initial) JOSEPH B. BOURNE Mailing Address 16 PERRY RIDGE C	COURT	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.39295
BALTIMORE	MD 21237	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation SR VP-RESP HEALTH SVS	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) JOSEPH B. BOURNE		Date of Receipt
Mailing Address 16 PERRY RIDGE C	OURT	0 8 0 6 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.39296
BALTIMORE FEC ID number of contributing federal political committee.	MD 21237	Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation SR VP-RESP HEALTH SVS	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
SUBTOTAL of Receipts This Page (optional)	•	150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 277 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOSEPH B. BOURNE	CHONT OLIT	TOAL ACTION COMMITTEE	Date of Receipt
Mailing Address 16 PERRY RIDGE CO	OURT		08 20 2010
City	State	Zip Code	Transaction ID: SA11AI.39297
BALTIMORE	MD	21237	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio SR VP-R	n ESP HEALTH SVS	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	850.00]
Full Name (Last, First, Middle Initial) JOSEPH B. BOURNE			Date of Receipt
Mailing Address 16 PERRY RIDGE CO	OURT		09 / 03 / 4 9 9
City	State	Zip Code	Transaction ID: SA11AI.39298
BALTIMORE	MD	21237	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio SR VP-R	n ESP HEALTH SVS	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 900.00]
Full Name (Last, First, Middle Initial) JOSEPH B. BOURNE	1		Date of Receipt
Mailing Address 16 PERRY RIDGE CO	OURT		09 / 17 / Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.39299
BALTIMORE	MD	21237	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio SR VP-R	n ESP HEALTH SVS	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	950.00]
SUBTOTAL of Receipts This Page (optional) .	<u> </u>		150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	Statements may not be sold or used by any perse name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ROBIN BROWN Mailing Address 22 MOLLY LANE City SEBAGO FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General	State Zip Code ME 04029 C Occupation MANAGER-CLINICAL REIMBURSE Aggregate Year-to-Date	Date of Receipt M M M
Other (specify) ▼ Full Name (Last, First, Middle Initial) ROBIN BROWN Mailing Address 22 MOLLY LANE City SEBAGO FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For:	State Zip Code ME 04029 C Occupation MANAGER-CLINICAL REIMBURSE Aggregate Year-to-Date	Date of Receipt M M
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ROBIN BROWN Mailing Address 22 MOLLY LANE City SEBAGO FEC ID number of contributing	375.00 State Zip Code ME 04029	Date of Receipt M M M / D D / Y Y Y Y Y 0 8
rederal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify) ▼	Occupation MANAGER-CLINICAL REIMBURSE Aggregate Year-to-Date 400.00	
SUBTOTAL of Receipts This Page (optional)		75.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 277 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	he name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
GENESIS HEALTHCARE CORPOR	ATION POLIT	ICAL ACTION COMMITTEE	<u>:</u>
Full Name (Last, First, Middle Initial) ROBIN BROWN			Date of Receipt
Mailing Address 22 MOLLY LANE			08 20 7 2010
City SEBAGO	State ME	Zip Code 04029	Transaction ID: SA11AI.39330 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation MANAGE	n ER-CLINICAL REIMBURSEN	— MENT
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 425.00	
Full Name (Last, First, Middle Initial) ROBIN BROWN	<u> </u>		Date of Receipt
Mailing Address 22 MOLLY LANE			0 9 0 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.39331
SEBAGO	ME	04029	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation MANAGE	n ER-CLINICAL REIMBURSEN	MENT
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	450.00	
Full Name (Last, First, Middle Initial) ROBIN BROWN			Date of Receipt
Mailing Address 22 MOLLY LANE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SEBAGO	State ME	Zip Code 04029	Transaction ID: SA11AI.39332 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	U+U23	25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation MANAGE	n ER-CLINICAL REIMBURSEN	MENT
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 475.00]
			75.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ai	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
	GENESIS HEALTHCARE CORPORA	TION POLIT	TICAL ACTION COMMITTER	E
۸.	Full Name (Last, First, Middle Initial) ROBERT M CANNON			Date of Receipt
	Mailing Address 2408 LANDON DRIVE	<u> </u>		07 09 2010
	City WILMINGTON	State DE	Zip Code 19810	Transaction ID: SA11AI.39340 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	13010	25.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECT	OR-ACCOUNTING	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
	Full Name (Last, First, Middle Initial) ROBERT M CANNON			Date of Receipt
	Mailing Address 2408 LANDON DRIVE	=		07 23 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.39341
	WILMINGTON FEC ID number of contributing federal political committee.	C	19810	Amount of Each Receipt this Period 25.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECT	on OR-ACCOUNTING	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	
_	Full Name (Last, First, Middle Initial) ROBERT M CANNON			Date of Receipt
	Mailing Address 2408 LANDON DRIVE	Ξ		08 06 2010
	City	State	Zip Code	Transaction ID: SA11AI.39342
	WILMINGTON FEC ID number of contributing federal political committee.	C	19810	Amount of Each Receipt this Period 25.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECT	on OR-ACCOUNTING	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
Г		1		75.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and Sta	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any personal schedule(s)	FOR LINE NUMBER: PAGE 43 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
or for commercial purposes, other than using the n NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORATI			
Full Name (Last, First, Middle Initial) ROBERT M CANNON Mailing Address 2408 LANDON DRIVE			Date of Receipt
City	State	Zip Code	0 8 2 0 2 0 1 0 Transaction ID: SA11AI.39343
WILMINGTON FEC ID number of contributing federal political committee.	C	19810	Amount of Each Receipt this Period 25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		on OR-ACCOUNTING e Year-to-Date ▼ 425.00	
Full Name (Last, First, Middle Initial) ROBERT M CANNON Mailing Address 2408 LANDON DRIVE			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City WILMINGTON	State DE	Zip Code 19810	Transaction ID: SA11AI.39344 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary Other (specify) ▼		on OR-ACCOUNTING e Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) C. ROBERT M CANNON			Date of Receipt
Mailing Address 2408 LANDON DRIVE			09 17 2010
City <u>WILMINGTON</u>	State DE	Zip Code 19810	Transaction ID: SA11AI.39345 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	-	OR-ACCOUNTING	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 475.00	
SUBTOTAL of Receipts This Page (optional)			75.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 1
An	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ <u></u>	Full Name (Last, First, Middle Initial) Leslie Cavicchi Mailing Address 27 Christy Lane			Date of Receipt 0 7 0 9 2 0 1 0
	City Ashland	State MA	Zip Code 01721-2143	Transaction ID: SA11AI.39352 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer Genesis HealthCare Corporation Receipt For: Primary General Other (specify) ▼		racting Dept. e Year-to-Date ▼ 560.00	
 3.	Full Name (Last, First, Middle Initial) Leslie Cavicchi Mailing Address 27 Christy Lane	1		Date of Receipt 0 7 2 3 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11Al.39353
	Ashland FEC ID number of contributing federal political committee.	MA C	01721-2143	Amount of Each Receipt this Period 40.00
	Name of Employer Genesis HealthCare Corpor- ation		racting Dept.	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
	Full Name (Last, First, Middle Initial) Leslie Cavicchi			Date of Receipt
	Mailing Address 27 Christy Lane			0 8 0 6 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.39354
	Ashland FEC ID number of contributing federal political committee.	MA C	01721-2143	Amount of Each Receipt this Period 40.00
	Name of Employer Genesis HealthCare Corpor- ation	Occupatio VP Conti	n racting Dept.	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 640.00	
sı	JBTOTAL of Receipts This Page (optional)	1		120.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 277 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
GENESIS HEALTHCARE CORPO	PRATION POLIT	ICAL ACTION COMMITTEE	<u> </u>
Full Name (Last, First, Middle Initial) Leslie Cavicchi Mailing Address 27 Christy Lane			Date of Receipt
City	State	Zip Code	0 8 2 0 2 0 1 0 Transaction ID: SA11AI.39355
Ashland FEC ID number of contributing federal political committee.	C	01721-2143	Amount of Each Receipt this Period 40.00
Name of Employer Genesis HealthCare Corpor- ation	Occupation VP Contr	n racting Dept.	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 680.00	
Full Name (Last, First, Middle Initial) Leslie Cavicchi	I		Date of Receipt
Mailing Address 27 Christy Lane			09 03 7 7 7 7
City	State	Zip Code	Transaction ID: SA11AI.39356
Ashland	MA	01721-2143	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer Genesis HealthCare Corpor-	Occupation VP Contri	n racting Dept.	
ation Receipt For:	' '	Year-to-Date ▼	
Primary General Other (specify) ▼		720.00	
Full Name (Last, First, Middle Initial) Leslie Cavicchi	L		Date of Receipt
Mailing Address 27 Christy Lane			09 17 2010
City	State	Zip Code	Transaction ID: SA11AI.39357
Ashland FEC ID number of contributing federal political committee.	C	01721-2143	Amount of Each Receipt this Period 40.00
Name of Employer Genesis HealthCare Corpor- ation	Occupation VP Contr	n racting Dept.	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 760.00	
SUBTOTAL of Receipts This Page (option			120.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 277 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	e name and add	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) RICHARD E CODY Mailing Address 106 DANFORTH PLA City WILIMINGTON FEC ID number of contributing federal political committee.	State DE	Zip Code 19810	Date of Receipt M M M
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼		DR-INFORMATION SYSTE 3 Year-to-Date ▼ 644.00	MS 2
Full Name (Last, First, Middle Initial) RICHARD E CODY Mailing Address 106 DANFORTH PLA	CE		Date of Receipt 0 7 2 3 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.39366
WILIMINGTON FEC ID number of contributing federal political committee.	C	19810	Amount of Each Receipt this Period 46.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼		OR-INFORMATION SYSTE Year-to-Date ▼ 690.00	MS 2
Full Name (Last, First, Middle Initial) RICHARD E CODY			Date of Receipt
Mailing Address 106 DANFORTH PLA	CE		0 8 0 6 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.39367
WILIMINGTON FEC ID number of contributing federal political committee.	C	19810	Amount of Each Receipt this Period 46.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼		DR-INFORMATION SYSTE Year-to-Date ▼ 736.00	MS 2
SUBTOTAL of Receipts This Page (optional) .			138.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	M 3X) Use separate schedule(s for each category of the Detailed Summary Page	(Crieck offly offe)
or for commercial purposes, other that NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any nusing the name and address of any political committed	tee to solicit contributions from such committee.
	PRPORATION POLITICAL ACTION COMMIT	TEE
Full Name (Last, First, Middle Initia		Date of Receipt
Mailing Address 106 DANFOR		08 20 2010
City WILIMINGTON	State Zip Code DE 19810	Transaction ID: SA11AI.39368 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	46.00
Name of Employer GENESIS HEALTHCARE CORP ATION	Occupation DIRECTOR-INFORMATION SYS	STEMS 2
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 782.00	
Full Name (Last, First, Middle Initia RICHARD E CODY	I)	Date of Receipt
Mailing Address 106 DANFOR	TH PLACE	0 9 0 3 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.39369
WILIMINGTON	DE 19810	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	46.00
Name of Employer GENESIS HEALTHCARE CORP ATION	Occupation DIRECTOR-INFORMATION SYS	STEMS 2
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 828.00	
Full Name (Last, First, Middle Initial	J)	Date of Receipt
Mailing Address 106 DANFOR	TH PLACE	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City WILIMINGTON	State Zip Code DE 19810	Transaction ID: SA11AI.39370
FEC ID number of contributing federal political committee.	DE 19810	Amount of Each Receipt this Period 46.00
Name of Employer GENESIS HEALTHCARE CORP ATION	Occupation DIRECTOR-INFORMATION SYS	STEMS 2
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 874.00	
	optional)	138.00

SCHEDULE A (I	EIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purpos NAME OF COMMITT	es, other than using the name and EE (In Full)	nay not be sold or used by any personal displayments of any political committee to a sold any political committee to a sold any political committee to a sold any personal displayments.	on for the purpose of soliciting contributions o solicit contributions from such committee.
City WESTPORT FEC ID number of co federal political comm Name of Employer GENESIS HEALTHO ATION Receipt For: Primary	9 JILLIAN WAY State MA ntributing ittee. C ARE CORPOR- VP-CL Aggreg	Zip Code 02790 tion INICAL OPERATIONS ate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 9 O 3 2 0 1 0 Transaction ID: SA11AI.39390 Amount of Each Receipt this Period 50.00
Full Name (Last, First MICHELLE L. COSTA Mailing Address 10 City WESTPORT FEC ID number of co federal political comm Name of Employer GENESIS HEALTHO ATION Receipt For: Primary Other (specify)	State MA ARE CORPOR- General AGGREGA AGGREGA	Zip Code 02790	Date of Receipt M M M / D D / Y Y Y Y Y 0 9 1 7 2 0 1 0 Transaction ID: SA11AI.39391 Amount of Each Receipt this Period 50.00
Full Name (Last, First MARY T. CROTTY Mailing Address 6 I City ROCKPORT FEC ID number of co federal political comm Name of Employer GENESIS HEALTHO ATION Receipt For: Primary Other (specify)	State MA Antributing ittee. ARE CORPOR- General Occupa VP-QL Aggreg	Zip Code 01966 tion JALITY IMPROVEMENT ate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts	This Page (optional)		135.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 277 (check only one) X
4	Any information copied from such Reports and or for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	ATION POLIT	TICAL ACTION COMMITTEE	<u> </u>
۷.	Full Name (Last, First, Middle Initial) M. ELLEN CULLEN			Date of Receipt
	Mailing Address 230 WICKERSHAM F	ROAD		07 09 7 2010
	City OXFORD	State PA	Zip Code	Transaction ID: SA11AI.39399
	FEC ID number of contributing federal political committee.	C	19363	Amount of Each Receipt this Period 15.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio DIRECT(n OR-CLINICAL AUDIT	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 210.00	
- 3.	Full Name (Last, First, Middle Initial) M. ELLEN CULLEN			Date of Receipt
	Mailing Address 230 WICKERSHAM F	07 23 YYYY 2010		
	City State Zip Code			Transaction ID: SA11AI.39400
	OXFORD FEC ID number of contributing federal political committee.	PA C	19363	Amount of Each Receipt this Period
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio DIRECT(n OR-CLINICAL AUDIT	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	
. –	Full Name (Last, First, Middle Initial) M. ELLEN CULLEN			Date of Receipt
	Mailing Address 230 WICKERSHAM F	08 06 2010		
	City	State	Zip Code	Transaction ID: SA11AI.39401
	OXFORD FEC ID number of contributing federal political committee.	C	19363	Amount of Each Receipt this Period 15.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	- '	OR-CLINICAL AUDIT	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
Г				45.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	e name and ado	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) M. ELLEN CULLEN Mailing Address 230 WICKERSHAM R	ROAD		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.39402
OXFORD FEC ID number of contributing federal political committee.	C	19363	Amount of Each Receipt this Period 15.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		n OR-CLINICAL AUDIT e Year-to-Date ▼ 255.00	
Full Name (Last, First, Middle Initial) M. ELLEN CULLEN Mailing Address 230 WICKERSHAM R	ROAD		Date of Receipt 0 9 0 3 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.39403
OXFORD FEC ID number of contributing federal political committee.	C	19363	Amount of Each Receipt this Period 15.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼		OR-CLINICAL AUDIT e Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) M. ELLEN CULLEN			Date of Receipt
Mailing Address 230 WICKERSHAM R	ROAD		0 9 1 7 2 0 1 0
City OXFORD	State PA	Zip Code 19363	Transaction ID: SA11AI.39404 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	- '	OR-CLINICAL AUDIT	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 285.00	
SUBTOTAL of Receipts This Page (optional)	•		45.00

Any information copied from such Reports and Stator for commercial purposes, other than using the notation of the commercial purposes, other than using the notation of the commercial purposes, other than using the notation of the commercial purposes, other than using the notation of the commercial purposes, other than using the notation of the commercial purposes. Full Name of Employer General Other (specify) Full Name (Last, First, Middle Initial)	ame and address of any political committee to so	Date of Receipt M M J D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Full Name (Last, First, Middle Initial) KENNETH CULLEROT Mailing Address 44 TANGLEWOOD DRI' City HENNIKER FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	VE State Zip Code NH 03242 C Occupation VP & REGIONAL CONTROLLER Aggregate Year-to-Date ▼ 700.00	Transaction ID: SA11AI.39405 Amount of Each Receipt this Period			
Mailing Address 44 TANGLEWOOD DRI' City HENNIKER FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	State Zip Code NH 03242 C Occupation VP & REGIONAL CONTROLLER Aggregate Year-to-Date 700.00	Transaction ID: SA11AI.39405 Amount of Each Receipt this Period			
HENNIKER FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	NH 03242 C Occupation VP & REGIONAL CONTROLLER Aggregate Year-to-Date ▼ 700.00	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	Occupation VP & REGIONAL CONTROLLER Aggregate Year-to-Date 700.00				
INC. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	VP & REGIONAL CONTROLLER Aggregate Year-to-Date ▼ 700.00				
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	700.00				
KENNETH CULLEROT Mailing Address 44 TANGLEWOOD DRI	VF	Date of Receipt			
City HENNIKER	State Zip Code NH 03242	Transaction ID: SA11AI.39406 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP & REGIONAL CONTROLLER				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00				
Full Name (Last, First, Middle Initial) KENNETH CULLEROT		Date of Receipt			
Mailing Address 44 TANGLEWOOD DRI	Mailing Address 44 TANGLEWOOD DRIVE				
City	State Zip Code	Transaction ID: SA11AI.39407			
HENNIKER FEC ID number of contributing federal political committee.	NH 03242	Amount of Each Receipt this Period 50.00			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP & REGIONAL CONTROLLER				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00				
SUBTOTAL of Receipts This Page (optional)		150.00			

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than use NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any personsing the name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) KENNETH CULLEROT Mailing Address 44 TANGLEWO	OD DRIVE	Date of Receipt
City HENNIKER FEC ID number of contributing	State Zip Code NH 03242	Transaction ID: SA11AI.39408 Amount of Each Receipt this Period 50.00
Receipt For: Primary Other (specify) General General General Other (specify) Telephone General	Occupation VP & REGIONAL CONTROLLER Aggregate Year-to-Date 850.00	
Full Name (Last, First, Middle Initial) KENNETH CULLEROT Mailing Address 44 TANGLEWO	Date of Receipt 0 9 0 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
City	State Zip Code	Transaction ID: SA11AI.39409
<u>HENNIKER</u>	NH 03242	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP & REGIONAL CONTROLLER	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) KENNETH CULLEROT	1	Date of Receipt
Mailing Address 44 TANGLEWO	OD DRIVE	09 17 2010
City	State Zip Code NH 03242	Transaction ID: SA11AI.39410
HENNIKER FEC ID number of contributing federal political committee.	NH 03242	Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP & REGIONAL CONTROLLER	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	
SUBTOTAL of Receipts This Page (opt	ional)	150.00

SCHEDULE A (FEC Form : ITEMIZED RECEIPTS	Use separate so for each categor Detailed Summa	y of the
or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	and Statements may not be sold or used ng the name and address of any political ORATION POLITICAL ACTION C	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee. OMMITTEE
Full Name (Last, First, Middle Initial) JEFF CUNNINGHAM	AMO DRIVE	Date of Receipt
Mailing Address 831 FOUR STRE	AMS DRIVE	07 09 2010
City WEST CHESTED	State Zip Code PA 19382	Transaction ID: SA11AI.39411
WEST CHESTER FEC ID number of contributing federal political committee.	PA 19382	Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:	Occupation DIRECTOR-CENTRAL BI	JSINESS OFFC
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	700.00
Full Name (Last, First, Middle Initial) JEFF CUNNINGHAM		Date of Receipt
Mailing Address 831 FOUR STRE	07 23 2010	
City	State Zip Code	Transaction ID: SA11AI.39412
WEST CHESTER	PA 19382	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-CENTRAL BI	JSINESS OFFC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	750.00
Full Name (Last, First, Middle Initial) JEFF CUNNINGHAM		Date of Receipt
Mailing Address 831 FOUR STRE	08 06 2010	
City	State Zip Code	Transaction ID: SA11AI.39413
WEST CHESTER	PA 19382	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:	Occupation DIRECTOR-CENTRAL BI	JSINESS OFFC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	800.00
	•	150.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A C	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	TION POLIT	TICAL ACTION COMMITTEE	<u> </u>
Α.	Full Name (Last, First, Middle Initial) JEFF CUNNINGHAM			Date of Receipt
	Mailing Address 831 FOUR STREAMS	08 20 2010		
	City	State	Zip Code	Transaction ID: SA11AI.39414
	WEST CHESTER	PA	19382	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECT	n OR-CENTRAL BUSINESS C	DFFC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		850.00	
— В.	Full Name (Last, First, Middle Initial) JEFF CUNNINGHAM			Date of Receipt
	Mailing Address 831 FOUR STREAMS	0 9 0 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11AI.39415
	WEST CHESTER	PA	19382	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer GENESIS HEALTH VENTURES, INC.	, '	OR-CENTRAL BUSINESS C	DFFC
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		900.00	
С. С.	Full Name (Last, First, Middle Initial) JEFF CUNNINGHAM			Date of Receipt
	Mailing Address 831 FOUR STREAMS	09 17 2010		
	City	State	Zip Code	Transaction ID: SA11AI.39416
	WEST CHESTER	PA	19382	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer GENESIS HEALTH VENTURES, INC.	, '	OR-CENTRAL BUSINESS C	DFFC
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify)		950.00	
	SUBTOTAL of Receipts This Page (optional) .			150.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	fo	Ise separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55/2// (check only one)
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not and and address	be sold or used by any person of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA			
Full Name (Last, First, Middle Initial) PAULA D'AMICO			Date of Receipt
Mailing Address 12 FLYWAY DRIVE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.39429
NEWTOWN SQUARE FEC ID number of contributing federal political committee.	C	19073	Amount of Each Receipt this Period 80.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-PROJEC	T MANAGEMENT	
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 1120.00	
Full Name (Last, First, Middle Initial) PAULA D'AMICO	l.		Date of Receipt
Mailing Address 12 FLYWAY DRIVE			07 23 2010
City NEWTOWN SQUARE	State PA	Zip Code 19073	Transaction ID: SA11AI.39430 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	13073	80.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-PROJEC	T MANAGEMENT	
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 1200.00	
Full Name (Last, First, Middle Initial) PAULA D'AMICO			Date of Receipt
Mailing Address 12 FLYWAY DRIVE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City NEWTOWN SQUARE	State PA	Zip Code 19073	Transaction ID: SA11AI.39431 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	13073	80.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	, '	T MANAGEMENT	
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 1280.00]
SUBTOTAL of Receipts This Page (optional)	1		240.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 277 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold or used by any personal name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
` '	TION POLITICAL ACTION COMMITTEE	<u> </u>
Full Name (Last, First, Middle Initial) PAULA D'AMICO Mailing Address 12 FLYWAY DRIVE		Date of Receipt
City	State Zip Code	0 8 2 0 2 0 1 0 Transaction ID: SA11Al.39432
NEWTOWN SQUARE	PA 19073	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-PROJECT MANAGEMENT	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1360.00	
Full Name (Last, First, Middle Initial) PAULA D'AMICO		Date of Receipt
Mailing Address 12 FLYWAY DRIVE		09 03 2010
City	State Zip Code	Transaction ID: SA11AI.39433
NEWTOWN SQUARE FEC ID number of contributing federal political committee.	PA 19073	Amount of Each Receipt this Period 80.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-PROJECT MANAGEMENT	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1440.00]
Full Name (Last, First, Middle Initial) PAULA D'AMICO		Date of Receipt
Mailing Address 12 FLYWAY DRIVE		09 17 2010
City NEWTOWN SQUARE	State Zip Code PA 19073	Transaction ID: SA11AI.39434 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-PROJECT MANAGEMENT	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1520.00	
SUBTOTAL of Receipts This Page (optional)		240.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57/27/ (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	ATION POLIT	ICAL ACTION COMMITTEE	:
Full Name (Last, First, Middle Initial) KEITH DAVIS			Date of Receipt
Mailing Address 33 RICKLAND DRIVI	E		07 09 2010
City SEWELL	State NJ	Zip Code 08080	Transaction ID: SA11AI.39453 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio DIRECTO	n OR-REIMBURSEMENT	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	e Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) KEITH DAVIS			Date of Receipt
Mailing Address 33 RICKLAND DRIVI	Ē		0 7 2 3 2 0 1 0
City SEWELL	State NJ	Zip Code 08080	Transaction ID: SA11AI.39454 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio DIRECTO	n OR-REIMBURSEMENT	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00]
Full Name (Last, First, Middle Initial) KEITH DAVIS			Date of Receipt
Mailing Address 33 RICKLAND DRIVI	E		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SEWELL	State NJ	Zip Code 08080	Transaction ID: SA11AI.39455 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION		OR-REIMBURSEMENT	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 800.00	
SUBTOTAL of Receipts This Page (optional)	1		150.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to RATION POLITICAL ACTION COMMITTEE	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) KEITH DAVIS Mailing Address 33 RICKLAND DRIV City SEWELL FEC ID number of contributing	State Zip Code NJ 08080	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
rederal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	Occupation DIRECTOR-REIMBURSEMENT Aggregate Year-to-Date 850.00	50.00
Full Name (Last, First, Middle Initial) KEITH DAVIS Mailing Address 33 RICKLAND DRIV	State Zip Code	Date of Receipt M
SEWELL FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation DIRECTOR-REIMBURSEMENT Aggregate Year-to-Date 900.00	Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) KEITH DAVIS Mailing Address 33 RICKLAND DRIV	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SEWELL FEC ID number of contributing federal political committee. Name of Employer	NJ 08080 C Occupation	Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	DIRECTOR-REIMBURSEMENT Aggregate Year-to-Date ▼ 950.00	
SUBTOTAL of Receipts This Page (optional	l) >	150.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59/2/7 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR	RATION POLIT	ICAL ACTION COMMITTEE	:
Full Name (Last, First, Middle Initial) CAROLYN DIEFENDERFER			Date of Receipt
Mailing Address 1 DUBB DRIVE			07 09 7 2010
City <u>NEWARK</u>	State DE	Zip Code 19702	Transaction ID: SA11AI.39472 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		55.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTO	n OR-CORPORATE BILLING	 SYS
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 770.00	
Full Name (Last, First, Middle Initial) CAROLYN DIEFENDERFER	I		Date of Receipt
Mailing Address 1 DUBB DRIVE			07 23 7 2010
City NEWARK	State DE	Zip Code 19702	Transaction ID: SA11AI.39473 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		55.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTO	n OR-CORPORATE BILLING	— sys
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 825.00	
Full Name (Last, First, Middle Initial) CAROLYN DIEFENDERFER			Date of Receipt
Mailing Address 1 DUBB DRIVE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City NEWARK	State DE	Zip Code	Transaction ID: SA11AI.39474
FEC ID number of contributing federal political committee.	C	19702	Amount of Each Receipt this Period 55.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTO	n OR-CORPORATE BILLING	 sys
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 880.00]
			165.00

	ILE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 277 (check only one) X
or for comme	on copied from such Reports and S rcial purposes, other than using the COMMITTEE (In Full) S HEALTHCARE CORPORAT	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
CAROLYN Mailing Ac	(Last, First, Middle Initial) DIEFENDERFER Idress 1 DUBB DRIVE	State	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
	K umber of contributing litical committee.	DE C	19702	Amount of Each Receipt this Period 55.00
INC. Receipt Fo			DR-CORPORATE BILLING Year-to-Date 935.00	sys
CAROLYN	(Last, First, Middle Initial) DIEFENDERFER Idress 1 DUBB DRIVE			Date of Receipt 0 9 0 3 2 0 1 0
City		State	Zip Code	Transaction ID: SA11AI.39476
	K umber of contributing litical committee.	DE C	19702	Amount of Each Receipt this Period 55.00
INC. Receipt Fo		. '	n OR-CORPORATE BILLING • Year-to-Date ▼ 990.00	sys
CAROLYN	(Last, First, Middle Initial) DIEFENDERFER Idress 1 DUBB DRIVE			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.39477
	K umber of contributing litical committee.	DE C	19702	Amount of Each Receipt this Period 55.00
INC.	Employer S HEALTH VENTURES,		OR-CORPORATE BILLING	sys
Receipt Fo		Aggregate	e Year-to-Date ▼ 1045.00	
SUBTOTAL	of Receipts This Page (optional)			165.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each cat	te schedule(s)	FOR LINE NUMBER: PAGE 61 / 277 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	name and address of any pol	litical committee to so	or the purpose of soliciting contributions licit contributions from such committee.
Full Name (Last, First, Middle Initial) THOMAS DIVITTORIO Mailing Address 20 SHEFFIELD DRIVE City WEST GROVE FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General	State Zip Code PA 19390 C Occupation VP & ASST CORPOR Aggregate Year-to-Date		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) THOMAS DIVITTORIO Mailing Address 20 SHEFFIELD DRIVE City WEST GROVE FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼	State Zip Code PA 19390 C Occupation VP & ASST CORPOR Aggregate Year-to-Date	RATE CONTROLL	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) THOMAS DIVITTORIO Mailing Address 20 SHEFFIELD DRIVE City WEST GROVE FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)	State Zip Code PA 19390 C Occupation VP & ASST CORPOR Aggregate Year-to-Date		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	<u> </u>)	576.00

Any information copied from such Reports and St or for commercial purposes, other than using the or for commercial purposes. Full Name (Last, First, Middle Initial) THOMAS DIVITTORIO Mailing Address 20 SHEFFIELD DRIVE City WEST GROVE FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:	name and address of any political co	Date of Receipt M M J 20 2010 Transaction ID: SA11AI.39469 Amount of Each Receipt this Period
THOMAS DIVITTORIO Mailing Address 20 SHEFFIELD DRIVE City WEST GROVE FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC.	PA 19390 C Occupation VP & ASST CORPORATE 0	Transaction ID: SA11AI.39469 Amount of Each Receipt this Period 192.00
WEST GROVE FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC.	PA 19390 C Occupation VP & ASST CORPORATE 0	Amount of Each Receipt this Period 192.00
FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP & ASST CORPORATE 0	192.00
INC.	VP & ASST CORPORATE (
Primary General Other (specify) ▼	326	64.00
Full Name (Last, First, Middle Initial) THOMAS DIVITTORIO Mailing Address 20 SHEFFIELD DRIVE		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.39470
WEST GROVE	PA 19390	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	192.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:	Occupation VP & ASST CORPORATE (Aggregate Year-to-Date	CONTROLLER
Primary General Other (specify) ▼		56.00
Full Name (Last, First, Middle Initial) THOMAS DIVITTORIO		Date of Receipt
Mailing Address 20 SHEFFIELD DRIVE		09 17 2010
City	State Zip Code	Transaction ID: SA11Al.39471
WEST GROVE	PA 19390	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	c	192.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:	Occupation VP & ASST CORPORATE (CONTROLLER
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 364	48.00
SUBTOTAL of Receipts This Page (optional)		576.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 277 (check only one) X
Ar	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	
	GENESIS HEALTHCARE CORPORA	ATION POLIT	ICAL ACTION COMMITTEE	
	Full Name (Last, First, Middle Initial) MARY T DOUGHERTY Mailing Address 1300 NEW YORK AV	·-		Date of Receipt
	City	State	Zip Code	0 7 0 9 2 0 1 0 Transaction ID: SA11AI.39498
	MANASQUAN	NJ	08736	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTO	n OR-HOSPITALITY SERVICE	- ES
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify)	0 0	280.00	
	Full Name (Last, First, Middle Initial) MARY T DOUGHERTY	<u>'</u>		Date of Receipt
	Mailing Address 1300 NEW YORK AV	Έ 		07 23 7 2010
	City	State	Zip Code	Transaction ID: SA11AI.39499
	MANASQUAN	NJ	08736	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTO	ⁿ OR-HOSPITALITY SERVICE	ES
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	300.00	
	Full Name (Last, First, Middle Initial) MARY T DOUGHERTY			Date of Receipt
	Mailing Address 1300 NEW YORK AV	Έ		08 / 06 / 4 4 4 4
	City MANASQUAN	State NJ	Zip Code	Transaction ID: SA11AI.39500
	FEC ID number of contributing federal political committee.	C	08736	Amount of Each Receipt this Period 20.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTO	n OR-HOSPITALITY SERVICE	
	Receipt For:	-, '	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	320.00	
			_	60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	e name and addre	ess of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MARYT DOUGHERTY Mailing Address 1300 NEW YORK AVI City MANASQUAN FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION	State NJ C	Zip Code 08736 R-HOSPITALITY SERVICE	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	Aggregate Y	ear-to-Date ▼ 340.00	
Full Name (Last, First, Middle Initial) MARY T DOUGHERTY Mailing Address 1300 NEW YORK AVE City	E State	Zip Code	Date of Receipt M M
MANASQUAN FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For:	Occupation DIRECTOR	08736 R-HOSPITALITY SERVICE dear-to-Date ▼	Amount of Each Receipt this Period 20.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)		360.00]
MARY T DOUGHERTY Mailing Address 1300 NEW YORK AVE		7.01	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City MANASQUAN FEC ID number of contributing federal political committee.	State NJ	Zip Code 08736	Transaction ID: SA11AI.39503 Amount of Each Receipt this Period 20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	+ 1	R-HOSPITALITY SERVICE ear-to-Date ▼ 380.00	
SUBTOTAL of Receipts This Page (optional))	60.00

SCHEDULE A (FEC FOITEMIZED RECEIPTS	rm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such for for commercial purposes, other to NAME OF COMMITTEE (In Fu GENESIS HEALTHCARE	an using the name and add	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Ir JOSEPH DVORAK Mailing Address 1408 CHES	tial) APEAKE AVE		Date of Receipt
City	State	Zip Code	0 7 0 9 2 0 1 0 Transaction ID: SA11Al.39504
BALTIMORE FEC ID number of contributing federal political committee.	MD C	21220	Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTH VENTURE INC. Receipt For: Primary General Other (specify) ▼	VP-REIMI	BURSEMENT Year-to-Date ▼	
Full Name (Last, First, Middle Ir JOSEPH DVORAK Mailing Address 1408 CHES	tial) APEAKE AVE		Date of Receipt 0 7 2 3 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.39505
BALTIMORE FEC ID number of contributing federal political committee.	MD	21220	Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTH VENTURE INC.	Occupation VP-REIMI	BURSEMENT	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Ir JOSEPH DVORAK	tial)		Date of Receipt
Mailing Address 1408 CHES	APEAKE AVE		08 06 YYYYY 08 06 2010
City BALTIMORE	State MD	Zip Code 21220	Transaction ID: SA11AI.39506
FEC ID number of contributing federal political committee.	C	21220	Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTH VENTURE INC.	Occupation VP-REIMI	BURSEMENT	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00	
SUBTOTAL of Receipts This Pag	e (optional)		150.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full!) GENESIS HEALTH CARE CORPORATION POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) JOSEPH DVORAK Mailing Address 1408 CHESAPEAKE AVE City State Zip Code NET STATIAL SSO. Amount of Each Receipt this Perior Primary General Other (specify) ▼ State Zip Code BALTIMORE MB 21220 FEC ID number of contributing federal political committee. City State Zip Code BALTIMORE MB 21220 FEC ID number of contributing federal political committee. City State Zip Code BALTIMORE MD 21220 FEC ID number of contributing federal political committee. City State Zip Code BALTIMORE MD 21220 FEC ID number of contributing federal political committee. City State Zip Code BALTIMORE FEC ID number of contributing federal political committee. City State Zip Code BALTIMORE FEC ID number of contributing federal political committee. City State Zip Code BALTIMORE Primary General Other (specify) ▼ Date of Receipt Transaction ID: SA11AL39509 Amount of Each Receipt this Perior Aggregate Vear-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Transaction ID: SA11AL39509 Amount of Each Receipt this Perior Transaction ID: SA11AL39509 Amount of Each Receipt this Perior Aggregate Vear-to-Date ▼ Primary General Other (specify) ▼ Primary General Other (specify) ▼ Primary General Other (specify) ▼ Aggregate Vear-to-Date ▼ Primary General Other (specify) ▼ A	SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 277 (check only one) X 11a 11b 11c 12
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	Statements may not be sold or used by any perse name and address of any political committee to TION POLITICAL ACTION COMMITTE	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) KAREN Y. DYE Mailing Address PO BOX 12166 City WILMINGTON FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip Code DE 19850 C Occupation MANAGER-REIMBURSEMENT Aggregate Year-to-Date 209.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) SHAWN P. EDDY Mailing Address 5303 WESTBROOK I City CROSS LANES FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)	DRIVE State Zip Code WV 25313 C Occupation ADMINISTRATOR-EXECUTIVE Aggregate Year-to-Date ▼ 280.00	Date of Receipt M M M
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Any information copied from or for commercial purposes NAME OF COMMITTEE	, other than using the name and a	nay not be sold or used by any persolddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
GENESIS HEALTHO	CARE CORPORATION POL	ITICAL ACTION COMMITTEE	<u> </u>
Full Name (Last, First, N SHAWN P. EDDY			Date of Receipt
City	SWESTBROOK DRIVE State	Zip Code	0 8 0 6 2 0 1 0 Transaction ID: SA11AI.39524
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Name of Employer GENESIS HEALTH VE INC.	NTURES, Occupat	ion ISTRATOR-EXECUTIVE	
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Mailing Address 5303	WESTBROOK DRIVE		09 03 2010
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicting contributions or for commercial purposes, of the thrae using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) SHAWN P. EDDY Mailing Address 5303 WESTBROOK DRIVE City CROSS LANES WV 25313 FEC ID number of contributing federal political committee. Name of Employer Primary Concupation ADMINISTRATOR-EXECUTIVE Mailing Address 1056 KERWOOD ROAD City WEST CHESTER PA 19382 FEC ID number of contributing federal political committee. Primary General City Strate Zip Code WEST CHESTER PA 19382 FEC ID number of contributing federal political committee. C. Name of Employer, Contributing federal political committee. C. Name (Last, First, Middle Initial) MARIAND EDMISTORAC CORPOR GENESIS HEATT-CARE CORPOR GENESIS HEATT-CARE CORPOR Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MARIAND EDMISTOR Mailing Address 1056 KERWOOD ROAD City WEST CHESTER PA 19382 FEC ID number of contributing federal political committee. C. Marine of Employer, General Other (specify) ▼ Full Name (Last, First, Middle Initial) MARIAND EDMISTOR Mailing Address 1056 KERWOOD ROAD City WEST CHESTER PA 19382 FEC ID number of contributing federal political committee. C. Name of Employer, General Other (specify) ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	SCHEDULE A (FEC Form ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
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Full Name (Last, First, Middle Initial) MARIAN D EDMISTON Mailing Address 1056 KERWOOD RO. City WEST CHESTER FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION	State Zip Code PA 19382 C Occupation DIRECTOR-CORP CLINICAL ED	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.39530 Amount of Each Receipt this Period 40.00
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City	State Zip Code	Transaction ID: SA11AI.39531
WEST CHESTER FEC ID number of contributing federal political committee.	PA 19382	Amount of Each Receipt this Period 40.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation DIRECTOR-CORP CLINICAL ED Aggregate Year-to-Date 680.00]
Full Name (Last, First, Middle Initial) MARIAN D EDMISTON		Date of Receipt
Mailing Address 1056 KERWOOD RO	AD	09 03 2010
City	State Zip Code	Transaction ID: SA11AI.39532
WEST CHESTER	PA 19382	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTOR-CORP CLINICAL ED	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 720.00	
SUBTOTAL of Receipts This Page (optional)		120.00
TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	1	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
GENESIS HEALTHCARE CORPORA	ATION POLIT	ICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) MARIAN D EDMISTON			Date of Receipt
Mailing Address 1056 KERWOOD RC		75.0.4	09 17 2010
City	State	Zip Code	Transaction ID: SA11AI.39533
WEST CHESTER	PA	19382	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTO	n OR-CORP CLINICAL ED	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General	35 5	760.00	1
Other (specify) \blacktriangledown		700.00	1
Full Name (Last, First, Middle Initial) J. RICHARD EDWARDS			Date of Receipt
Mailing Address 29 SOUTH HAMPTO	N PARISH R	OAD	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.39540
LANDENBERG	PA	19350	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		70.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VICE PR	n ESIDENT-ASST TREASURI	─ ER
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		980.00	
Full Name (Last, First, Middle Initial) J. RICHARD EDWARDS			Date of Receipt
Mailing Address 29 SOUTH HAMPTO	N PARISH R	OAD	07 23 7 2010
City	State	Zip Code	Transaction ID: SA11AI.39541
LANDENBERG	PA	19350	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		70.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VICE PR	n ESIDENT-ASST TREASURI	─ ER
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1050.00	

ITEMIZED RE	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 277 (check only one) X 11a 11b 11c 12
	<u> </u>	atements may name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMI GENESIS HEA	, ,	ION POLIT	ICAL ACTION COMMITTEE	
J. RICHARD EDW				Date of Receipt
Mailing Address City	29 SOUTH HAMPTON	PARISH RO	OAD Zip Code	0 8 0 6 2 0 1 0 Transaction ID: SA11AI.39542
LANDENBER(à	PA	19350	Amount of Each Receipt this Period
FEC ID number of federal political co		C		70.00
Name of Employe GENESIS HEAL ATION	er THCARE CORPOR-	Occupation VICE PR	n ESIDENT-ASST TREASURE	- ER
Receipt For:	General	Aggregate	e Year-to-Date ▼	
Other (spec			1120.00	
Full Name (Last, J. RICHARD EDW	First, Middle Initial) ARDS			Date of Receipt
Mailing Address	29 SOUTH HAMPTON	PARISH R	OAD	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	`	State	Zip Code	Transaction ID: SA11AI.39543
LANDENBERO FEC ID number of		PA	19350	Amount of Each Receipt this Period
federal political co	ommittee.	C		70.00
Name of Employe GENESIS HEAL ATION	er THCARE CORPOR-	Occupation VICE PR	n ESIDENT-ASST TREASURE	ER.
Receipt For:	Conoral	Aggregate	e Year-to-Date ▼	
Other (spec	☐ General		1190.00	
Full Name (Last, J. RICHARD EDW	First, Middle Initial) ARDS			Date of Receipt
Mailing Address	29 SOUTH HAMPTON	PARISH R	OAD	0 9 0 3 2 0 1 0
City	`	State	Zip Code	Transaction ID: SA11AI.39544
FEC ID number of federal political co	of contributing	C	19350	Amount of Each Receipt this Period 70.00
Name of Employe GENESIS HEAL	er THCARE CORPOR-	Occupation VICE PR	n ESIDENT-ASST TREASURE	
ATION Receipt For:		-	e Year-to-Date ▼	-
Primary Other (spec	☐ General		1260.00	
	l			210.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
_	NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	e name and ad	dress of any political committee to	solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) J. RICHARD EDWARDS Mailing Address 29 SOUTH HAMPTOI	N PARISH R	OAD	Date of Receipt 0 9 1 7 2 0 1 0
	City LANDENBERG	State PA	Zip Code 19350	Transaction ID: SA11AI.39545 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		70.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼		RESIDENT-ASST TREASUR e Year-to-Date 1330.00	ER ER
- В.	Full Name (Last, First, Middle Initial) PAMELA ELROD Mailing Address 16 FARLEY BROOK I	RD.		Date of Receipt 0 7 0 9 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.39552
	CHELMSFORD FEC ID number of contributing federal political committee.	C	01824	Amount of Each Receipt this Period 35.00
	Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼		DENTERS OPERATIONS De Year-to-Date ▼ 490.00	
- C.	Full Name (Last, First, Middle Initial) PAMELA ELROD Mailing Address 16 FARLEY BROOK RD.			Date of Receipt 0 7 2 3 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.39553
	CHELMSFORD FEC ID number of contributing federal political committee.	C	01824	Amount of Each Receipt this Period 35.00
	Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-SR C	n CENTERS OPERATIONS	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 525.00	
	SUBTOTAL of Receipts This Page (optional) .	1		140.00
f	TOTAL This Period (last page this line number	r only)	·	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 277 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) PAMELA ELROD Mailing Address 16 FARLEY BROOK	K RD.		Date of Receipt
City CHELMSFORD FEC ID number of contributing	State MA	Zip Code 01824	Transaction ID: SA11AI.39554 Amount of Each Receipt this Period
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼	 	n EENTERS OPERATIONS • Year-to-Date ▼ 560.00	35.00
Full Name (Last, First, Middle Initial) PAMELA ELROD Mailing Address 16 FARLEY BROOK	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City CHELMSFORD	State MA	Zip Code 01824	Transaction ID: SA11AI.39555 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)		n ENTERS OPERATIONS e Year-to-Date \$\square\$	35.00
Full Name (Last, First, Middle Initial) PAMELA ELROD Mailing Address 16 FARLEY BROOK RD.			Date of Receipt 0 9 0 3 2 0 1 0
City CHELMSFORD	State MA	Zip Code 01824	Transaction ID: SA11AI.39556 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:	- ' '	n EENTERS OPERATIONS • Year-to-Date ▼	
Primary General Other (specify) ▼	.53.334.6	630.00	
SUBTOTAL of Receipts This Page (optional			105.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE /5/2// (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	ATION POLIT	ICAL ACTION COMMITTEE	:
Full Name (Last, First, Middle Initial) PAMELA ELROD			Date of Receipt
Mailing Address 16 FARLEY BROOK	RD.		M M / D D / Y Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CHELMSFORD	State MA	Zip Code 01824	Transaction ID: SA11AI.39557 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		35.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-SR C	n EENTERS OPERATIONS	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 665.00	
Full Name (Last, First, Middle Initial) HOLLY J ESTEL	Date of Receipt		
Mailing Address 2048 PINECREST D	0 7 0 9 2 0 1 0		
City MORGANTOWN	State WV	Zip Code 26505	Transaction ID: SA11AI.39558
FEC ID number of contributing federal political committee.	C	2000	Amount of Each Receipt this Period 44.09
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTO	n OR-CLINICAL SERVICES	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 643.85	
Full Name (Last, First, Middle Initial) HOLLY J ESTEL			Date of Receipt
Mailing Address 2048 PINECREST DRIVE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MORGANTOWN	State WV	Zip Code 26505	Transaction ID: SA11AI.39559 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20000	42.41
Name of Employer GENESIS HEALTHCARE CORPOR- ATION		OR-CLINICAL SERVICES	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 686.26	
SUBTOTAL of Receipts This Page (optional)			121.50

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 277 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORE	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) HOLLY J ESTEL Mailing Address 2048 PINECREST D	DRIVE		Date of Receipt 0 8 0 6 2 0 1 0
City MORGANTOWN FEC ID number of contributing	State WV	Zip Code 26505	Transaction ID: SA11AI.39560 Amount of Each Receipt this Period 43.43
federal political committee. Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	Occupation DIRECTO	n DR-CLINICAL SERVICES e Year-to-Date ▼ 729.69	
Full Name (Last, First, Middle Initial) HOLLY J ESTEL Mailing Address 2048 PINECREST D	Date of Receipt 0 8 2 0 2 0 1 0		
City	State	Zip Code	Transaction ID: SA11Al.39561
MORGANTOWN	WV	26505	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		45.75
Name of Employer GENESIS HEALTHCARE CORPOR- ATION		OR-CLINICAL SERVICES	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 775.44	
Full Name (Last, First, Middle Initial) HOLLY J ESTEL	Date of Receipt		
Mailing Address 2048 PINECREST D	$\begin{bmatrix} M & M & / & D & D & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$		
City	State	Zip Code	Transaction ID: SA11AI.39562
MORGANTOWN FEC ID number of contributing federal political committee.	C	26505	Amount of Each Receipt this Period 41.56
Name of Employer GENESIS HEALTHCARE CORPOR- ATION		OR-CLINICAL SERVICES	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 817.00	
SUBTOTAL of Receipts This Page (optional))		130.74

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17			
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to RATION POLITICAL ACTION COMMITTEE	o solicit contributions from such committee.			
Full Name (Last, First, Middle Initial)	IATION TOLLINGAL ACTION COMMITTEE	Date of Receipt			
· ·	Mailing Address 2048 PINECREST DRIVE				
City	State Zip Code	0 9 1 7 2 0 1 0 Transaction ID: SA11Al.39563			
MORGANTOWN FEC ID number of contributing federal political committee.	WV 26505	Amount of Each Receipt this Period 41.10			
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	Occupation DIRECTOR-CLINICAL SERVICES Aggregate Year-to-Date 858.10				
Full Name (Last, First, Middle Initial) CYNTHIA H. FARLEY					
Mailing Address 108 COUNTRY CO	07 09 7 2010				
City SCOTT DEPOT	State Zip Code WV 25560	Transaction ID: SA11AI.39564 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	20.00			
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify)	Occupation DIRECTOR-REGIONAL MARKETIN Aggregate Year-to-Date 280.00	G			
Full Name (Last, First, Middle Initial) CYNTHIA H. FARLEY		Date of Receipt			
Mailing Address 108 COUNTRY CO	VE ESTATE	07 23 YYYY 2010			
City SCOTT DEPOT	State Zip Code WV 25560	Transaction ID: SA11AI.39565 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	20.00			
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTOR-REGIONAL MARKETIN	G			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00				
SUBTOTAL of Receipts This Page (optional	I)	81.10			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 277 (check only one) X	
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR	he name and add	dress of any political committee to	n for the purpose of soliciting contributions	
Full Name (Last, First, Middle Initial) CYNTHIA H. FARLEY Mailing Address 108 COUNTRY COV			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y	
City SCOTT DEPOT FEC ID number of contributing federal political committee.	State WV	Zip Code 25560	Transaction ID: SA11AI.39566 Amount of Each Receipt this Period 20.00	
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼		n OR-REGIONAL MARKETING e Year-to-Date ▼ 320.00		
Full Name (Last, First, Middle Initial) CYNTHIA H. FARLEY Mailing Address 108 COUNTRY COV	/E ESTATE		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City SCOTT DEPOT	State WV	Zip Code 25560	Transaction ID: SA11AI.39567 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		20.00	
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	'	n OR-REGIONAL MARKETING Year-to-Date ▼ 340.00		
Full Name (Last, First, Middle Initial) CYNTHIA H. FARLEY Mailing Address 100 COUNTRY CO	CYNTHIA H. FARLEY			
City	Mailing Address 108 COUNTRY COVE ESTATE City State Zip Code			
SCOTT DEPOT FEC ID number of contributing	WV	25560	Transaction ID: SA11AI.39568 Amount of Each Receipt this Period	
federal political committee. Name of Employer GENESIS HEALTHCARE CORPOR-	Occupatio		20.00	
ATION Receipt For: Primary General Other (specify)	- 1 '	OR-REGIONAL MARKETING Year-to-Date ▼ 360.00		
SUBTOTAL of Receipts This Page (optional))	·····	60.00	
TOTAL This Period (last page this line numb	er only)	>		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 277 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	ATION POLIT	ICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) CYNTHIA H. FARLEY			Date of Receipt
Mailing Address 108 COUNTRY COV	E ESTATE		09 17 2010
City	State	Zip Code	Transaction ID: SA11AI.39569
SCOTT DEPOT	WV	25560	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTO	n OR-REGIONAL MARKETING	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 380.00	
Full Name (Last, First, Middle Initial) DEAN FEICK			Date of Receipt
Mailing Address 159 MERION LANE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.39570
READING	PA	19607	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VICE PR	n ESIDENT-CENTERS GROU	IP
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) DEAN FEICK			Date of Receipt
Mailing Address 159 MERION LANE			07 23 YYYY 2010
City READING	State PA	Zip Code 19607	Transaction ID: SA11AI.39571 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VICE PR	n ESIDENT-CENTERS GROU	P
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional)			120.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person e name and address of any political committee to so	
Full Name (Last, First, Middle Initial) DEAN FEICK Mailing Address 159 MERION LANE City READING FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)	State Zip Code PA 19607 C Occupation VICE PRESIDENT-CENTERS GROUP Aggregate Year-to-Date 800.00	Date of Receipt M M M O 6 Transaction ID: SA11AI.39572 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) DEAN FEICK Mailing Address 159 MERION LANE City READING FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)	State Zip Code PA 19607 C Occupation VICE PRESIDENT-CENTERS GROUP Aggregate Year-to-Date 850.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) DEAN FEICK Mailing Address 159 MERION LANE City READING FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)	State Zip Code PA 19607 C Occupation VICE PRESIDENT-CENTERS GROUP Aggregate Year-to-Date 900.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .	>	150.00

ITE	HEDULE A (FEC Form 3X) MIZED RECEIPTS information copied from such Reports and St	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or fo	r commercial purposes, other than using the part of the purposes of the state of the purposes of the purpose of	name and ad	dress of any political committee to	solicit contributions from such committee.
A . <u>D</u>	full Name (Last, First, Middle Initial) DEAN FEICK Mailing Address 159 MERION LANE			Date of Receipt
	city READING	State PA	Zip Code 19607	Transaction ID: SA11AI.39575 Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		50.00
<u>11</u>	lame of Employer GENESIS HEALTH VENTURES, NC. tecceipt For: Primary General Other (specify) ▼	1	n RESIDENT-CENTERS GROU e Year-to-Date ▼ 950.00	P
B. R	ull Name (Last, First, Middle Initial) RICHARD M FINK Mailing Address 12 GREENTREE DRIV	E		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<u>F</u> F	City PHEONIX EC ID number of contributing ederal political committee.	State MD	Zip Code 21131	Transaction ID: SA11AI.39576 Amount of Each Receipt this Period 30.00
<u>A</u>	lame of Employer GENESIS HEALTHCARE CORPOR- ITION Receipt For: Primary General Other (specify)		n OR-REIMBURSEMENT e Year-to-Date ▼ 420.00	
C. <u>B</u>	ull Name (Last, First, Middle Initial) RICHARD M FINK Mailing Address 12 GREENTREE DRIV	E		Date of Receipt
	ity PHEONIX	State MD	Zip Code 21131	Transaction ID: SA11AI.39577 Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		30.00
<u>A</u>	lame of Employer GENESIS HEALTHCARE CORPOR- ITION Leceipt For: Primary General Other (specify) ▼	-1	n OR-REIMBURSEMENT e Year-to-Date ▼ 450.00	
SUE	BTOTAL of Receipts This Page (optional)		>	110.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17		
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions		
Full Name (Last, First, Middle Initial) A. RICHARD M FINK		Date of Receipt		
Mailing Address 12 GREENTREE D City PHEONIX	State Zip Code MD 21131	Transaction ID: SA11AI.39578 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	Coouration	30.00		
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	Occupation DIRECTOR-REIMBURSEMENT Aggregate Year-to-Date 480.00			
Full Name (Last, First, Middle Initial) RICHARD M FINK Mailing Address 12 GREENTREE D	PRIVE	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City PHEONIX	State Zip Code MD 21131	Transaction ID: SA11AI.39579		
FEC ID number of contributing federal political committee.	C 21131	Amount of Each Receipt this Period 30.00		
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:	Occupation DIRECTOR-REIMBURSEMENT			
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00			
Full Name (Last, First, Middle Initial) RICHARD M FINK	RICHARD M FINK			
	Mailing Address 12 GREENTREE DRIVE			
City PHEONIX	State Zip Code MD 21131	Transaction ID: SA11AI.39580 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	30.00		
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:	Occupation DIRECTOR-REIMBURSEMENT Aggregate Year-to-Date			
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00			
SUBTOTAL of Receipts This Page (optional	al)	90.00		
TOTAL This Period (last page this line num	ber only)			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83/2// (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR	RATION POLIT	ICAL ACTION COMMITTEE	:
Full Name (Last, First, Middle Initial) RICHARD M FINK			Date of Receipt
Mailing Address 12 GREENTREE D	RIVE		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City PHEONIX	State MD	Zip Code 21131	Transaction ID: SA11AI.39581 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTO	n OR-REIMBURSEMENT	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 570.00	
Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address 4613 ROXBURY DI	0 8 0 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City BETHESDA	State MD	Zip Code 20814	Transaction ID: SA11AI.39584
FEC ID number of contributing federal political committee.	C	20014	Amount of Each Receipt this Period 25.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation SR VP-C	n ELINICAL PRACTICE	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) IRENE FLESHNER			Date of Receipt
Mailing Address 4613 ROXBURY DI	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City BETHESDA	State MD	Zip Code 20814	Transaction ID: SA11AI.39585 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20011	25.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation SR VP-C	n LINICAL PRACTICE	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
SUBTOTAL of Receipts This Page (optional) 		80.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 277 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
GENESIS HEALTHCARE CORPORAT	TION POLIT	ICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) IRENE FLESHNER			Date of Receipt
Mailing Address 4613 ROXBURY DRIV	E		09 03 2010
City	State	Zip Code	Transaction ID: SA11AI.39586
BETHESDA	MD	20814	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupatio SR VP-C	n CLINICAL PRACTICE	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) IRENE FLESHNER			Date of Receipt
Mailing Address 4613 ROXBURY DRIV	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: SA11AI.39587
BETHESDA	MD	20814	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupatio SR VP-C	n ELINICAL PRACTICE	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) JOHN F FUREY			Date of Receipt
Mailing Address 39 BUTTONWOOD DF		07 09 YYYYY 02010	
City	State	Zip Code	Transaction ID: SA11AI.39594
WOODSTOWN	NJ	08098	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			40.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupatio VICE PR	n ESIDENT-TAX	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 560.00	
SUBTOTAL of Receipts This Page (optional)	I		90.00

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Mada	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 277 (check only one) X
or 1	y information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	name and ad	dress of any political committee to	solicit contributions from such committee.
<u> </u>	Full Name (Last, First, Middle Initial) JOHN F FUREY Mailing Address 39 BUTTONWOOD Di	RIVE		Date of Receipt
	City	State	Zip Code	0 7 2 3 2 0 1 0 Transaction ID: SA11AI.39595
	WOODSTOWN FEC ID number of contributing federal political committee.	NJ C	08098	Amount of Each Receipt this Period 40.00
	Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼		RESIDENT-TAX e Year-to-Date 600.00	
— В.	Full Name (Last, First, Middle Initial) JOHN F FUREY Mailing Address 39 BUTTONWOOD D	RIVE		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City WOODSTOWN FEC ID number of contributing federal political committee.	State NJ	Zip Code 08098	Transaction ID: SA11AI.39596 Amount of Each Receipt this Period 40.00
	Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼		RESIDENT-TAX e Year-to-Date ▼ 640.00	
 С.	Full Name (Last, First, Middle Initial) JOHN F FUREY Mailing Address 39 BUTTONWOOD Di	RIVE		Date of Receipt
	City WOODSTOWN	State NJ	Zip Code 08098	Transaction ID: SA11AI.39597 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼		RESIDENT-TAX e Year-to-Date 680.00	
sı	JBTOTAL of Receipts This Page (optional)		······································	120.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	e name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOHN F FUREY Mailing Address 39 BUTTONWOOD D	PRIVE		Date of Receipt
City	State	Zip Code	0 9 0 3 2 0 1 0 Transaction ID: SA11Al.39598
WOODSTOWN FEC ID number of contributing federal political committee.	NJ C	08098	Amount of Each Receipt this Period 40.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: ☐ Primary ☐ General Other (specify) ▼		ESIDENT-TAX e Year-to-Date 720.00	
Full Name (Last, First, Middle Initial) JOHN F FUREY Mailing Address 39 BUTTONWOOD D	RIVE		Date of Receipt
City WOODSTOWN FEC ID number of contributing	State NJ	Zip Code 08098	Transaction ID: SA11AI.39599 Amount of Each Receipt this Period 40.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary Other (specify) ▼	Occupatio VICE PR	n ESIDENT-TAX • Year-to-Date ▼]
Full Name (Last, First, Middle Initial) ROBERT FURIA MD			Date of Receipt
Mailing Address 257 N STATE RD AP	T 11D		07 09 2010
City SPRINGFIELD	State PA	Zip Code 19064	Transaction ID: SA11AI.39600 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General	, '	n OR-MEDICAL PACE e Year-to-Date ▼	
Other (specify) ▼	0 0	225.00	100.00
SUBTOTAL of Receipts This Page (optional) .		······	105.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 / 277 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORAT	name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)			
ROBERT FURIA MD Mailing Address 257 N STATE RD APT	11D		Date of Receipt 0 7 2 3 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.39601
SPRINGFIELD	PA	19064	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio DIRECTO	n OR-MEDICAL PACE	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) ROBERT FURIA MD			Date of Receipt
Mailing Address 257 N STATE RD APT	11D		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.39602
SPRINGFIELD	PA	19064	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio DIRECTO	n OR-MEDICAL PACE	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) ROBERT FURIA MD			Date of Receipt
Mailing Address 257 N STATE RD APT	11D		08 20 7 2010
City	State	Zip Code	Transaction ID: SA11AI.39603
SPRINGFIELD	PA	19064	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION		OR-MEDICAL PACE	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional))	75.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88 / 277 (check only one) X		
Any information copied from such Report for commercial purposes, other that NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CO	n using the name and add	dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
Full Name (Last, First, Middle Initial ROBERT FURIA MD Mailing Address 257 N STATE City SPRINGFIELD FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORTION	State PA C Occupatio DIRECTO	OR-MEDICAL PACE	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initia	0 0	e Year-to-Date ▼ 325.00			
ROBERT FURIA MD Mailing Address 257 N STATE	<i>,</i>		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: SA11AI.39605		
SPRINGFIELD	PA	19064	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		25.00		
Name of Employer GENESIS HEALTHCARE CORPO ATION	IDIRECTO	OR-MEDICAL PACE			
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00			
Full Name (Last, First, Middle Initial MARY V.M. GALVEZ			Date of Receipt		
Mailing Address 4409 UNDER	Mailing Address 4409 UNDERWOOD ROAD				
City	State	Zip Code	Transaction ID: SA11AI.39606		
BALTIMORE	MD	21218	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		50.00		
Name of Employer GENESIS HEALTH VENTURES, INC.	- ' '	PORATE COMMUNICATION	18		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 700.00			
SUBTOTAL of Receipts This Page (optional)	>	100.00		
TOTAL This Period (last page this lin	ne number only))			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Ptotomonto mo	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 89 / 277 (check only one) X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	e name and ad	ldress of any political committee to	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) MARY V.M. GALVEZ Mailing Address 4409 UNDERWOOD	ROAD		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.39607
	BALTIMORE FEC ID number of contributing federal political committee.	MD C	21218	Amount of Each Receipt this Period 50.00
	Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼		RPORATE COMMUNICATION e Year-to-Date 750.00	ns
В.	Full Name (Last, First, Middle Initial) MARY V.M. GALVEZ Mailing Address 4409 UNDERWOOD	ROAD		Date of Receipt 0 8 0 6 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.39608
	BALTIMORE	MD	21218	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		on RPORATE COMMUNICATIO e Year-to-Date ▼ 800.00	ns]
C.	Full Name (Last, First, Middle Initial) MARY V.M. GALVEZ Mailing Address 4409 UNDERWOOD	ROAD		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.39609
	BALTIMORE	MD	21218	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer GENESIS HEALTH VENTURES, INC.	, ·	RPORATE COMMUNICATION	NS
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 850.00]
	SUBTOTAL of Receipts This Page (optional) .			150.00
İ	TOTAL This Period (last page this line number	· onlv)		

City State Zip Code MD 21218 State Zip Code MD 21218	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 277 (check only one) X 11a
Malling Address 4409 UNDERWOOD ROAD City State Zip Code MD 21218 FEC ID number of contributing federal political committee. Name of Employer (Sepecify) ▼ State Zip Code Other State Zip Code Othe	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and addre	ess of any political committee to	o solicit contributions from such committee.
Receipt For: Primary General Other (specify) Other (spec	MARY V.M. GALVEZ Mailing Address 4409 UNDERWOOD F City BALTIMORE FEC ID number of contributing federal political committee.	State MD	·	0 9 0 3 2 0 1 0 Transaction ID: SA11AI.39610
MARY V.M. GALVEZ Mailing Address 4409 UNDERWOOD ROAD City State Zip Code MD 21218 FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼ Name (Last, First, Middle Initial) CHRISTOPHER N GILLISSEN Mailing Address 37 ROYALSTON ROAD NORTH City State Zip Code MA 01475 FEC ID number of contributing federal political committee. Date of Receipt Transaction ID: SA11AI.39611 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.39611 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.39611 Date of Receipt Transaction ID: SA11AI.39611 Date of Receipt Transaction ID: SA11AI.39612 Amount of Each Receipt Transaction ID: SA11AI.39612 Amount of Each Receipt this Period C Occupation ADMINISTRATOR Receipt For: Primary General Aggregate Year-to-Date ▼	INC. Receipt For: Primary General Other (specify) ▼	VP-CORPO	ear-to-Date ▼ 900.00	ns]
BALTIMORE MD 21218 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C	MARY V.M. GALVEZ	ROAD		M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) CHRISTOPHER N GILLISSEN Mailing Address 37 ROYALSTON ROAD NORTH City State Zip Code MA 01475 FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Roceipt For: Primary General Occupation ADMINISTRATOR Aggregate Year-to-Date ▼ Cocupation Aggregate Year-to-Date ▼ 25.00	•		Zip Code	Transaction ID: SA11AI.39611
GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼ General Other (specify) ▼ Full Name (Last, First, Middle Initial) CHRISTOPHER N GILLISSEN Mailing Address 37 ROYALSTON ROAD NORTH City State Zip Code MINCHENDON MA 01475 FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Aggregate Year-to-Date ▼ Occupation ADMINISTRATOR Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	FEC ID number of contributing		21218	Amount of Each Receipt this Period 50.00
CHRISTOPHER N GILLISSEN Mailing Address 37 ROYALSTON ROAD NORTH City State Zip Code WINCHENDON MA 01475 FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Date of Receipt Transaction ID: SA11AI.39612 Amount of Each Receipt this Period 25.00	GENESIS HEALTH VENTURES, INC. Receipt For: Primary General	VP-CORPO	ear-to-Date ▼	ns
City State Zip Code WINCHENDON MA 01475 FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General O 7 0 2 2 0 1 0 Transaction ID: SA11AI.39612 Amount of Each Receipt this Period 25.00	CHRISTOPHER N GILLISSEN			Date of Receipt
WINCHENDON FEC ID number of contributing federal political committee. C Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary Amount of Each Receipt this Period C 25.00	Mailing Address 37 ROYALSTON ROA	D NORTH		
FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General 25.00	•		·	
ATION Receipt For: Primary General ADMINISTRATOR Aggregate Year-to-Date ▼	FEC ID number of contributing		01470	25.00
	ATION Receipt For: Primary General	ADMINIST	ear-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)		······	125.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 91/2// (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the such as	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR	ATION POLIT	ICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) CHRISTOPHER N GILLISSEN			Date of Receipt
Mailing Address 37 ROYALSTON RO	0 7 1 6 2 0 1 0		
City WINCHENDON	State MA	Zip Code 01475	Transaction ID: SA11AI.39613 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation ADMINIS	n STRATOR	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) CHRISTOPHER N GILLISSEN			Date of Receipt
Mailing Address 37 ROYALSTON RO	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City WINCHENDON	State MA	Zip Code 01475	Transaction ID: SA11AI.39614 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	01470	25.00
Name of Employer GENESIS HEALTHCARE CORPOR-	Occupation ADMINIS	n STRATOR	
ATION Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		375.00	
Full Name (Last, First, Middle Initial) CHRISTOPHER N GILLISSEN			Date of Receipt
Mailing Address 37 ROYALSTON RO	DAD NORTH		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City WINCHENDON	State MA	Zip Code	Transaction ID: SA11AI.39615
FEC ID number of contributing federal political committee.	C	01475	Amount of Each Receipt this Period 25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation ADMINIS	n STRATOR	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
Other (specify) ▼		400.00	
SUBTOTAL of Receipts This Page (optional)			75.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedu for each category of Detailed Summary P	the (Check drily drie)
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	name and address of any political con	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee. MITTEE
Full Name (Last, First, Middle Initial) CHRISTOPHER N GILLISSEN Mailing Address 37 ROYALSTON ROA City WINCHENDON FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General	State Zip Code MA 01475 C Occupation ADMINISTRATOR Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y O 8 2 7 2 0 1 0 Transaction ID: SA11AI.39616 Amount of Each Receipt this Period 25.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) CHRISTOPHER N GILLISSEN Mailing Address 37 ROYALSTON ROA City WINCHENDON FEC ID number of contributing federal political committee.		
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Occupation ADMINISTRATOR Aggregate Year-to-Date 450	0.00
CHRISTOPHER N GILLISSEN Mailing Address 37 ROYALSTON ROA City	D NORTH State Zip Code	Date of Receipt M M
WINCHENDON FEC ID number of contributing federal political committee.	MA 01475	Amount of Each Receipt this Period 25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	Occupation ADMINISTRATOR Aggregate Year-to-Date 475	5.00
SUBTOTAL of Receipts This Page (optional)	1	75.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	foi	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 93 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORATION OF THE PROPERTY OF	name and address	of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DENNIS GREGORY Mailing Address 17 ONEIDA COURT City CHESTER SPRINGS FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General	PA C Occupation	Zip Code 19425 **LDERCARE CENTERS** -to-Date ▼ 490.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) DENNIS GREGORY Mailing Address 17 ONEIDA COURT City CHESTER SPRINGS FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)	PA C Occupation	Zip Code 19425 ELDERCARE CENTERS	Date of Receipt O 7
Full Name (Last, First, Middle Initial) DENNIS GREGORY Mailing Address 17 ONEIDA COURT City CHESTER SPRINGS FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)	PA C Occupation	Zip Code 19425 ELDERCARE CENTERS -to-Date ▼ 560.00	Date of Receipt M M O 6 O 8 O 6 Transaction ID: SA11AI.39621 Amount of Each Receipt this Period 35.00
SUBTOTAL of Receipts This Page (optional)			105.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 94 / 277 (check only one) X
An	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			on for the purpose of soliciting contributions o solicit contributions from such committee.
	GENESIS HEALTHCARE CORPORA Full Name (Last, First, Middle Initial)	TION POLIT	ICAL ACTION COMMITTEE	<u> </u>
	DENNIS GREGORY			Date of Receipt
	Mailing Address 17 ONEIDA COURT			08 20 7 2010
	City CHESTER SPRINGS	State PA	Zip Code 19425	Transaction ID: SA11AI.39622 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10120	35.00
	Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTO	OR-ELDERCARE CENTERS	——————————————————————————————————————
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 595.00	
	Full Name (Last, First, Middle Initial) DENNIS GREGORY			Date of Receipt
	Mailing Address 17 ONEIDA COURT			09 03 2010
	City	State	Zip Code	Transaction ID: SA11AI.39623
	CHESTER SPRINGS	PA	19425	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		35.00
	Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTO	n OR-ELDERCARE CENTERS	S REG
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	-
	Other (specify)		630.00	
	Full Name (Last, First, Middle Initial) DENNIS GREGORY			Date of Receipt
	Mailing Address 17 ONEIDA COURT			0 9 1 7 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.39624
	CHESTER SPRINGS	PA	19425	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		35.00
	Name of Employer GENESIS HEALTH VENTURES, INC.	+ -	OR-ELDERCARE CENTERS	S REG
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 665.00	
_	UBTOTAL of Receipts This Page (optional)			105.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 95 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any personal the name and address of any political committee of the name and address of any political committee of the name and address of any political committee of the name and address of any political committee of the name and address of any political committee of the name and address of any political committee of the name and address of any political committee of the name and address of any political committee of the name and address of any political committee of the name and address of any political committee of the name and address of any political committee of the name and address of any political committee of the name and address of any political committee of the name and address of any political committee of the name and address of any political committee of the name and address of any political committee of the name and address of any political committee of the name and address of any political committee of the name and address of any political committee of the name and address of the name and ad	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) NANCY E GRIMES Mailing Address 114 OSAGE LANE	-UNAMI TRAIL	Date of Receipt
City NEWARK	State Zip Code DE 19711	Transaction ID: SA11AI.39627 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	Occupation SR VP-CLINICAL OPERATIONS Aggregate Year-to-Date 300.00	
Full Name (Last, First, Middle Initial) NANCY E GRIMES Mailing Address 114 OSAGE LANE-	-UNAMI TRAIL	Date of Receipt 0 8 0 6 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.39628
NEWARK	DE 19711	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation SR VP-CLINICAL OPERATIONS	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) NANCY E GRIMES	'	Date of Receipt
Mailing Address 114 OSAGE LANE	-UNAMI TRAIL	08 20 7 2010
City	State Zip Code	Transaction ID: SA11AI.39629
NEWARK FEC ID number of contributing federal political committee.	DE 19711	Amount of Each Receipt this Period 150.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation SR VP-CLINICAL OPERATIONS	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
	J	450.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 96 / 277 (check only one) X 11a 11b 11c 12		
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may the name and add	 y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
GENESIS HEALTHCARE CORPOR	ATION POLIT	TICAL ACTION COMMITTEE	:		
Full Name (Last, First, Middle Initial) NANCY E GRIMES	INIANAL TO ALL		Date of Receipt		
Mailing Address 114 OSAGE LANE-U	JNAMI IRAIL		09 03 2010		
City	State	Zip Code	Transaction ID: SA11AI.39630		
<u>NEWARK</u>	DE	19711	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		150.00		
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio SR VP-C	n CLINICAL OPERATIONS			
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00			
Full Name (Last, First, Middle Initial) NANCY E GRIMES			Date of Receipt		
Mailing Address 114 OSAGE LANE-U	Mailing Address 114 OSAGE LANE-UNAMI TRAIL				
City	State	Zip Code	Transaction ID: SA11AI.39631		
NEWARK	DE	19711	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		150.00		
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio SR VP-C	n CLINICAL OPERATIONS			
Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 900.00			
Full Name (Last, First, Middle Initial) FRANCIS GROSSO			Date of Receipt		
Mailing Address 28 COMMONWEAL APT #4	TH AVENUE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City BOSTON	State MA	Zip Code 02116	Transaction ID: SA11AI.39632 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		20.00		
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio VP-PHAI	n RMACY SERVICES			
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 280.00			
SUBTOTAL of Receipts This Page (optional)		_	320.00		

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Statamenta ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 97 / 277 (check only one) X 11a
or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	e name and ad	dress of any political committee to	o solicit contributions from such committee.
∠_ A .	Full Name (Last, First, Middle Initial) FRANCIS GROSSO Mailing Address 28 COMMONWEALTI APT #4	H AVENUE		Date of Receipt 0 7 2 3 2 0 1 0
	City BOSTON	State MA	Zip Code 02116	Transaction ID: SA11AI.39633 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	02110	20.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼		n RMACY SERVICES e Year-to-Date ▼ 300.00	
В.	Full Name (Last, First, Middle Initial) FRANCIS GROSSO Mailing Address 28 COMMONWEALTI APT #4	H AVENUE		Date of Receipt 0 8 0 6 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.39634
	BOSTON FEC ID number of contributing federal political committee.	C	02116	Amount of Each Receipt this Period 20.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify)		n RMACY SERVICES e Year-to-Date ▼ 320.00	
 C.	Full Name (Last, First, Middle Initial) FRANCIS GROSSO Mailing Address 28 COMMONWEALT	H AVENUE		Date of Receipt 0 8 2 0 2 0 1 0
	APT #4 City	State	Zip Code	0 8 2 0 2 0 1 0 Transaction ID: SA11AI.39635
	BOSTON FEC ID number of contributing federal political committee.	MA C	02116	Amount of Each Receipt this Period 20.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:	Occupatio VP-PHA	n RMACY SERVICES	
	Primary General Other (specify) ▼	, iggi ogati	340.00	
Г				60.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 98 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) FRANCIS GROSSO			Date of Receipt
Mailing Address 28 COMMONWEAL APT #4			09 / 03 / Y Y Y Y Y
City BOSTON	State MA	Zip Code 02116	Transaction ID: SA11AI.39636
FEC ID number of contributing federal political committee.	C	02116	Amount of Each Receipt this Period 20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-PHAF	RMACY SERVICES	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) FRANCIS GROSSO			Date of Receipt
Mailing Address 28 COMMONWEALTH AVENUE APT #4			09 / 17 / 2010
City	State	Zip Code	Transaction ID: SA11AI.39637
BOSTON	MA	02116	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION		RMACY SERVICES	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
Other (specify) ▼	0 0	380.00	
Full Name (Last, First, Middle Initial) MARYLEE GROSSO	'		Date of Receipt
Mailing Address 28 COMMONWEAL	TH AVENUE #	4	07 09 7 2010
City	State	Zip Code	Transaction ID: SA11AI.39638
BOSTON	MA	02116	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION		OR-CLINICAL PRACTICE	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
Other (specify) ▼		280.00	
			60.00

or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any pering the name and address of any political committee ORATION POLITICAL ACTION COMMITTE ALTH AVENUE #4	to solicit contributions from such committee.
MARYLEE GROSSO	ALTH AVENUE #4	
		Date of Receipt Date of Receipt
City BOSTON	State Zip Code MA 02116	Transaction ID: SA11AI.39639 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	Occupation DIRECTOR-CLINICAL PRACTICE Aggregate Year-to-Date 300.00	
Full Name (Last, First, Middle Initial) MARYLEE GROSSO Mailing Address 28 COMMONWE	ALTH AVENUE #4	Date of Receipt 0 8 0 6 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.39640
BOSTON FEC ID number of contributing federal political committee.	MA 02116	Amount of Each Receipt this Period 20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	Occupation DIRECTOR-CLINICAL PRACTICE Aggregate Year-to-Date 320.00	
Full Name (Last, First, Middle Initial) MARYLEE GROSSO Mailing Address 28 COMMONWE	ALTH AVENUE #4	Date of Receipt 0 8 2 0 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.39641
BOSTON FEC ID number of contributing federal political committee.	MA 02116	Amount of Each Receipt this Period 20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	Occupation DIRECTOR-CLINICAL PRACTICE Aggregate Year-to-Date 340.00	
SUBTOTAL of Receipts This Page (optic	nal)	60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 100 / 277 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	e name and add	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MARYLEE GROSSO Mailing Address 28 COMMONWEALTH City BOSTON FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPOR-	State MA C	Zip Code 02116	Date of Receipt M M
ATION Receipt For: □ Primary □ General □ Other (specify) ▼	, '	OR-CLINICAL PRACTICE • Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) MARYLEE GROSSO Mailing Address 28 COMMONWEALTH	H AVENUE #	† 4	Date of Receipt Date of Receipt 1 7 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.39643
BOSTON FEC ID number of contributing federal political committee.	MA C	02116	Amount of Each Receipt this Period 20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify)		n OR-CLINICAL PRACTICE Year-to-Date ▼ 380.00	
Full Name (Last, First, Middle Initial) MICHAEL P GUGLIELMO			Date of Receipt
Mailing Address 1503 STALEY CIRCLI			07 09 2010
City <u>HARLEYSVILLE</u>	State PA	Zip Code 19438	Transaction ID: SA11AI.39644 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10100	50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		n ATEGIC STAFFING • Year-to-Date ▼ 700.00	
SUBTOTAL of Receipts This Page (optional)			90.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 101 / 277 (check only one) X
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persing the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MICHAEL P GUGLIELMO	ORATION POLITICAL ACTION COMMITTEE	Date of Receipt
Mailing Address 1503 STALEY C		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City HARLEYSVILLE	State Zip Code PA 19438	Transaction ID: SA11AI.39645 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-STRATEGIC STAFFING	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) MICHAEL P GUGLIELMO Mailing Address 1503 STALEY C	IRCLE	Date of Receipt
		08 06 2010
City HARLEYSVILLE	State Zip Code PA 19438	Transaction ID: SA11AI.39646 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	VP-STRATEGIC STAFFING	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) MICHAEL P GUGLIELMO		Date of Receipt
Mailing Address 1503 STALEY C	IRCLE	08 20 2010
City HARLEYSVILLE	State Zip Code PA 19438	Transaction ID: SA11AI.39647
FEC ID number of contributing federal political committee.	PA 19438	Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-STRATEGIC STAFFING	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	
SUBTOTAL of Receipts This Page (opti-	onal)	150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 102 / 277 (check only one) X 11a
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to ATION POLITICAL ACTION COMMITTEE	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MICHAEL P GUGLIELMO Mailing Address 1503 STALEY CIRCL City HARLEYSVILLE FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPOR-	State Zip Code PA 19438 C Occupation	Date of Receipt 0 9 0 3 2 0 1 0 Transaction ID: SA11AI.39648 Amount of Each Receipt this Period
ATION Receipt For: Primary Other (specify)	VP-STRATEGIC STAFFING Aggregate Year-to-Date ▼ 900.00	
City HARLEYSVILLE FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For:	State Zip Code PA 19438 C Occupation VP-STRATEGIC STAFFING Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) KATHY L HADDON Mailing Address 312 LEE ROAD City	950.00 State Zip Code	Date of Receipt 0 7 0 9 2 0 1 0
FOLLANSBEE FEC ID number of contributing federal political committee.	WV 26037	Transaction ID: SA11AI.39650 Amount of Each Receipt this Period 100.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼	Occupation ADMINISTRATOR Aggregate Year-to-Date ▼ 1400.00	
SUBTOTAL of Receipts This Page (optional)		200.00

SCHEDULE A (FEC FO	orm 3X)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 103 / 277 (check only one)			
		Detailed Summary Page	X 11a 11b 11c 12 15 16			
Any information copied from such F or for commercial purposes, other the	Reports and Statements may han using the name and add	not be sold or used by any pers ress of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full GENESIS HEALTHCARE C	•	CAL ACTION COMMITTE	F			
		ONE NOTION CONMITTEE				
Full Name (Last, First, Middle In KATHY L HADDON	Full Name (Last, First, Middle Initial) KATHY L HADDON					
Mailing Address 312 LEE RO	OAD		07 23 2010			
City	State	Zip Code	Transaction ID: SA11AI.39651			
FOLLANSBEE	WV	26037	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		100.00			
Name of Employer GENESIS HEALTH VENTURE INC.	S, Occupation ADMINIS					
Receipt For: Primary General	Aggregate	Year-to-Date ▼				
Other (specify)		1500.00				
Full Name (Last, First, Middle In KATHY L HADDON	itial)		Date of Receipt			
Mailing Address 312 LEE RO	DAC		0 8 0 6 2 0 1 0			
City	State	Zip Code	Transaction ID: SA11AI.39652			
FOLLANSBEE	WV	26037	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		100.00			
Name of Employer GENESIS HEALTH VENTURE INC.	S, Occupation ADMINIS					
Receipt For: Primary General	Aggregate	Year-to-Date ▼				
Primary General Other (specify) ▼		1600.00				
Full Name (Last, First, Middle In KATHY L HADDON	itial)		Date of Receipt			
Mailing Address 312 LEE RO	DAD		08 20 2010			
City	State	Zip Code	Transaction ID: SA11AI.39653			
FOLLANSBEE	WV	26037	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		100.00			
Name of Employer GENESIS HEALTH VENTURE INC.	S, Occupation ADMINIS					
Receipt For:	Aggregate	Year-to-Date ▼				
Primary General Other (specify) ▼		1700.00				
			300.00			
SUBTOTAL of Receipts This Page	e (optional)		300.00			

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 104 / 277 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political committee	to solicit contributions from such committee.
GENESIS HEALTHCARE CORPORA	TION POLITICAL ACTION COMMITTE	:E
Full Name (Last, First, Middle Initial) KATHY L HADDON Mailing Address 312 LEE ROAD		Date of Receipt
		09 03 2010
City	State Zip Code	Transaction ID: SA11AI.39654
FOLLANSBEE	WV 26037	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation ADMINISTRATOR	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1800.00	
Full Name (Last, First, Middle Initial) KATHY L HADDON	I	Date of Receipt
Mailing Address 312 LEE ROAD		09 17 2010
City	State Zip Code	Transaction ID: SA11AI.39655
FOLLANSBEE	WV 26037	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation ADMINISTRATOR	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1900.00	
Full Name (Last, First, Middle Initial) CHARLES M. HALL		Date of Receipt
Mailing Address 10304 CHEVERS DR		07 02 2010
City	State Zip Code	Transaction ID: SA11AI.39656
GLEN MILLS	PA 19342	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTOR-NURSING	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	325.00	
SUPTOTAL of Possints This Page (entional)		225.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 105 / 277 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold or used by any persename and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
,	TION POLITICAL ACTION COMMITTE	E
Full Name (Last, First, Middle Initial) CHARLES M. HALL Mailing Address 10304 CHEVERS DR		Date of Receipt
City	State Zip Code	0 7 0 9 2 0 1 0 Transaction ID: SA11Al.39657
GLEN MILLS	PA 19342	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTOR-NURSING	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) CHARLES M. HALL		Date of Receipt
Mailing Address 10304 CHEVERS DR		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: SA11AI.39658
GLEN MILLS FEC ID number of contributing federal political committee.	PA 19342	Amount of Each Receipt this Period 25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTOR-NURSING	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) CHARLES M. HALL	<u> </u>	Date of Receipt
Mailing Address 10304 CHEVERS DR		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City GLEN MILLS	State Zip Code PA 19342	Transaction ID: SA11AI.39659
FEC ID number of contributing federal political committee.	C 13342	Amount of Each Receipt this Period 25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTOR-NURSING	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
		75.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 106 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	e name and ad	dress of any political committee to	o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) CHARLES M. HALL Mailing Address 10304 CHEVERS DR City GLEN MILLS FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPOR-	State PA C	Zip Code 19342	Date of Receipt M M
_	Receipt For: Primary General Other (specify)	1	OR-NURSING e Year-to-Date ▼ 425.00	
3.	Full Name (Last, First, Middle Initial) CHARLES M. HALL Mailing Address 10304 CHEVERS DR City	State	Zip Code	Date of Receipt 0 9 0 3 2 0 1 0 Transaction ID: SA11AI.39661
	FEC ID number of contributing federal political committee.	PA C Occupation	19342	Amount of Each Receipt this Period 25.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	DIRECT	OR-NURSING e Year-to-Date ▼ 450.00]
 ;.	Full Name (Last, First, Middle Initial) CHARLES M. HALL Mailing Address 10304 CHEVERS DR	1		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City GLEN MILLS	State PA	Zip Code 19342	Transaction ID: SA11AI.39662 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10042	25.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	, '	OR-NURSING	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 475.00	
s	SUBTOTAL of Receipts This Page (optional)			75.00
Г	TOTAL This Period (last page this line number	only)		

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	tetomonto mo	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 107 / 277 (check only one) X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORAT	name and ad	dress of any political committee to	o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Robert Harris Mailing Address 56 Covington Drive City Shrewsbury FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State PA C Occupation Aggregate	Zip Code 17361 on e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11Al.39669 Amount of Each Receipt this Period 35.00
В.	Full Name (Last, First, Middle Initial) Robert Harris Mailing Address 56 Covington Drive City Shrewsbury FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General	State PA C Occupation Aggregate	Zip Code 17361 on e Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y O 7 1 6 2 0 1 0 Transaction ID: SA11AI.39670 Amount of Each Receipt this Period 35.00
_ C.	Full Name (Last, First, Middle Initial) Robert Harris Mailing Address 56 Covington Drive City Shrewsbury FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	State PA C Occupation Aggregate	Zip Code 17361	Date of Receipt M M M / D D / Y Y Y Y Y O 7 3 0 2 0 1 0 Transaction ID: SA11AI.39671 Amount of Each Receipt this Period 35.00
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		•	105.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 108 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	Statements may not be sold or used by any perse name and address of any political committee satisfies and POLITICAL ACTION COMMITTE	
Full Name (Last, First, Middle Initial) Robert Harris Mailing Address 56 Covington Drive		Date of Receipt 0 8 1 3 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.39672
Shrewsbury FEC ID number of contributing federal political committee.	PA 17361	Amount of Each Receipt this Period 35.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00	
Full Name (Last, First, Middle Initial) Robert Harris Mailing Address 56 Covington Drive		Date of Receipt 0 8 27 2010
City	State Zip Code	Transaction ID: SA11AI.39673
Shrewsbury FEC ID number of contributing federal political committee.	PA 17361	Amount of Each Receipt this Period 35.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	
Full Name (Last, First, Middle Initial) Robert Harris		Date of Receipt
Mailing Address 56 Covington Drive		0 9 1 0 / Y Y Y Y Y
City Shrewsbury	State Zip Code PA 17361	Transaction ID: SA11AI.39674 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 665.00	
		105.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 109 / 277 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	tatements may not be sold or used by any pers name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Robert Harris Mailing Address 56 Covington Drive City Shrewsbury FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code PA 17361 C Occupation Aggregate Year-to-Date 700.00	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) WM. CRAIG HARRIS Mailing Address 102 PATRIOT DRIVE City COLLEGEVILLE FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip Code PA 19426 C Occupation VP OPERATIONS Aggregate Year-to-Date 280.00	Date of Receipt M M M O D D O 2010 Transaction ID: SA11AI.39676 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) WM. CRAIG HARRIS Mailing Address 102 PATRIOT DRIVE City COLLEGEVILLE FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip Code PA 19426 C Occupation VP OPERATIONS Aggregate Year-to-Date 300.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		75.00

FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 110 / 2 / 7 (check only one) X
any information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA		• •	
Full Name (Last, First, Middle Initial) WM. CRAIG HARRIS			Date of Receipt
Mailing Address 102 PATRIOT DRIVE			08 06 2010
City COLLEGEVILLE	State PA	Zip Code 19426	Transaction ID: SA11AI.39678 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP OPER	n RATIONS	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial) WM. CRAIG HARRIS			Date of Receipt
Mailing Address 102 PATRIOT DRIVE			0 8 2 0 2 0 1 0
City COLLEGEVILLE	State PA	Zip Code 19426	Transaction ID: SA11AI.39679 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10720	20.00
Name of Employer GENESIS HEALTHCARE CORPOR-	Occupation VP OPER	n RATIONS	
ATION Receipt For:	T '	Year-to-Date ▼	
Primary General Other (specify) ▼		340.00	
Full Name (Last, First, Middle Initial) WM. CRAIG HARRIS	<u> </u>		Date of Receipt
Mailing Address 102 PATRIOT DRIVE			0 9 0 3 2 0 1 0
City COLLEGEVILLE	State PA	Zip Code	Transaction ID: SA11AI.39680
FEC ID number of contributing federal political committee.	C	19426	Amount of Each Receipt this Period 20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP OPER	n RATIONS	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	-
Other (specify)		360.00	
SUBTOTAL of Receipts This Page (optional)	1		60.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 111 / 277 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR	the name and add	lress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) WM. CRAIG HARRIS Mailing Address 102 PATRIOT DRIV	E		Date of Receipt
City COLLEGEVILLE	State PA	Zip Code 19426	Transaction ID: SA11AI.39681 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPOR-	Occupation VP OPER		20.00
ATION Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 380.00	
Full Name (Last, First, Middle Initial) KATHRYN HEFLIN Mailing Address 497 WINDING CREI	EK COURT		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.39694
DAVIDSONVILLE	MD	21035	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		53.50
Name of Employer GENESIS HEALTH VENTURES, INC.	_ , '	OR-ELDERCARE CENTERS	S REG
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 749.00	
Full Name (Last, First, Middle Initial) KATHRYN HEFLIN	•		Date of Receipt
Mailing Address 497 WINDING CRE	EK COURT		$\begin{bmatrix} M & M & M & J & D & D & J & Y & Y & Y & Y \\ Q & Q & Q & Q & Q & Q & Q & Q & Q \end{bmatrix}$
City	State	Zip Code	Transaction ID: SA11AI.39695
DAVIDSONVILLE FEC ID number of contributing federal political committee.	C	21035	Amount of Each Receipt this Period 53.50
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:		n DR-ELDERCARE CENTERS Year-to-Date ▼	S REG
Primary General Other (specify) ▼	Aggregate	802.50]
SUBTOTAL of Receipts This Page (optional)	\		127.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 112 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16
or f	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	GENESIS HEALTHCARE CORPORAT	TION POLIT	TICAL ACTION COMMITTEE	:
	Full Name (Last, First, Middle Initial) KATHRYN HEFLIN Mailing Address 497 WINDING CREEK	COLIPT		Date of Receipt
	City		Zin Codo	08 06 2010
	DAVIDSONVILLE	State MD	Zip Code 21035	Transaction ID: SA11AI.39696 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		53.50
	Name of Employer GENESIS HEALTH VENTURES, INC.	Occupatio DIRECT(n OR-ELDERCARE CENTERS	── SIREG
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 856.00	
	Full Name (Last, First, Middle Initial) KATHRYN HEFLIN			Date of Receipt
	Mailing Address 497 WINDING CREEK	COURT		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City DAVIDSONVILLE	State MD	Zip Code 21035	Transaction ID: SA11AI.39697
	FEC ID number of contributing federal political committee.	C	21033	Amount of Each Receipt this Period 53.50
	Name of Employer GENESIS HEALTH VENTURES, INC.	Occupatio DIRECT(n OR-ELDERCARE CENTERS	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 909.50	
	Full Name (Last, First, Middle Initial) KATHRYN HEFLIN			Date of Receipt
	Mailing Address 497 WINDING CREEK	COURT		09 03 2010
	City DAVIDSONVILLE	State MD	Zip Code	Transaction ID: SA11AI.39698
	FEC ID number of contributing federal political committee.	C	21035	Amount of Each Receipt this Period 53.50
	Name of Employer GENESIS HEALTH VENTURES, INC.	. '	OR-ELDERCARE CENTERS	FREG
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 963.00	
	JBTOTAL of Receipts This Page (optional)			160.50

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	for	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER: PAGE 113 / 277 (check only one) X
Any information copied from such Report or for commercial purposes, other than use NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORE	sing the name and address o	of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) KATHRYN HEFLIN Mailing Address 497 WINDING (CREEK COURT		Date of Receipt
City DAVIDSONVILLE FEC ID number of contributing	State Z MD 2	ip Code 11035	Transaction ID: SA11AI.39699 Amount of Each Receipt this Period
rederal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary Other (specify)	Occupation DIRECTOR-El Aggregate Year-	LDERCARE CENTERS to-Date ▼ 1016.50	53.50 S REG
Full Name (Last, First, Middle Initial) DANIEL A HIRSCHFELD Mailing Address 1 SUNSET KNC	LL COURT		Date of Receipt 0 7 0 9 2 0 1 0
City	State Z	ip Code	Transaction ID: SA11AI.39706
TIMONIUM	<u>MD 2</u>	1093	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		110.00
Name of Employer GENESIS HEALTHCARE CORPOR ATION	VP-SR OPER/	ATIONS REHAB SVS	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 1540.00	
Full Name (Last, First, Middle Initial) DANIEL A HIRSCHFELD	1		Date of Receipt
Mailing Address 1 SUNSET KNC	LL COURT		07 23 2010
City		ip Code	Transaction ID: SA11AI.39707
TIMONIUM FEC ID number of contributing federal political committee.	MD 2	1093	Amount of Each Receipt this Period
Name of Employer GENESIS HEALTHCARE CORPOR ATION	1 11 -011 01 110	ATIONS REHAB SVS	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 1650.00	
SUBTOTAL of Receipts This Page (opt	onal)		273.50

ITEMIZED R		tomouto mo	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 114 / 277 (check only one) X
or for commercial p	urposes, other than using the na IMITTEE (In Full)	ame and add	y not be sold or used by any personal dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	, First, Middle Initial)			Date of Receipt
·	1 SUNSET KNOLL COU	RT		0 8 0 6 2 0 1 0
City <u>TIMONIUM</u>		State MD	Zip Code 21093	Transaction ID: SA11AI.39708 Amount of Each Receipt this Period
FEC ID number federal political of		C		110.00
Name of Employ GENESIS HEA ATION Receipt For: Primary Other (spe	General		PERATIONS REHAB SVS Year-to-Date 1760.00	
DANIEL A HIRSO	First, Middle Initial) CHFELD 1 SUNSET KNOLL COU	Date of Receipt 0 8 2 0 2 0 1 0		
City TIMONIUM		State MD	Zip Code	Transaction ID: SA11AI.39709
FEC ID number federal political of		C	21093	Amount of Each Receipt this Period 110.00
Name of Employ GENESIS HEA ATION Receipt For: Primary Other (spe	General		PERATIONS REHAB SVS Year-to-Date 1870.00	
Full Name (Last DANIEL A HIRSO Mailing Address		RT		Date of Receipt 0 9 0 3 2 0 1 0
City		State	Zip Code	Transaction ID: SA11AI.39710
TIMONIUM FEC ID number federal political of		MD C	21093	Amount of Each Receipt this Period
ATION	ver LTHCARE CORPOR-	.	PERATIONS REHAB SVS	
Receipt For: Primary Other (spe	General ecify) ▼	Aggregate	Year-to-Date ▼ 1980.00	
CURTOTAL of D.	ceipts This Page (optional)			330.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 115 / 277 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	e name and add	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DANIEL A HIRSCHFELD Mailing Address 1 SUNSET KNOLL CC City TIMONIUM	OURT State MD	Zip Code 21093	Date of Receipt M M M
FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify) ▼	+ 1	n DPERATIONS REHAB SVS e Year-to-Date ▼ 2090.00	110.00
Full Name (Last, First, Middle Initial) NATALIE P. HOLLAND Mailing Address 2230 CREST ROAD City BALTIMORE FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General		OR-NETWORK DEVELOPN e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y O 9 0 3 2 0 1 0 Transaction ID: SA11AI.39716 Amount of Each Receipt this Period 18.50
Full Name (Last, First, Middle Initial) NATALIE P. HOLLAND Mailing Address 2230 CREST ROAD City	State	Zip Code	Date of Receipt 0 9 17 2 0 1 0 Transaction ID: SA11AI.39717
BALTIMORE FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: □ Primary □ General □ Other (specify) ▼	. '	n OR-NETWORK DEVELOPM Year-to-Date ▼ 222.00	Amount of Each Receipt this Period 18.50 MENT
SUBTOTAL of Receipts This Page (optional))	147.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 116 / 277 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	ne name and add	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) LEANA HOOVER Mailing Address 9066 HARRIS PL City FREDERICK FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION	State MD C Occupation ADMINIS	Zip Code 21704	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	
Full Name (Last, First, Middle Initial) LEANA HOOVER Mailing Address 9066 HARRIS PL			Date of Receipt 0 7 2 3 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.39725
FREDERICK	MD	21704	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION		TRATOR	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) LEANA HOOVER Mailing Address 9066 HARRIS PL	•		Date of Receipt
			08 06 2010
City FREDERICK	State MD	Zip Code 21704	Transaction ID: SA11AI.39726 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	LITOT	30.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION		TRATOR	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00	
SUBTOTAL of Receipts This Page (optional)			90.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 117 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	e name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) LEANA HOOVER Mailing Address 9066 HARRIS PL City FREDERICK FEC ID number of contributing federal political committee.	State MD	Zip Code 21704	Date of Receipt M M
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		on STRATOR e Year-to-Date ▼ 510.00	
Full Name (Last, First, Middle Initial) LEANA HOOVER Mailing Address 9066 HARRIS PL City FREDERICK FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For:	'	Zip Code 21704 on STRATOR e Year-to-Date ▼	Date of Receipt M M M O D D O D O D O D O D O D O D O D
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) LEANA HOOVER Mailing Address 9066 HARRIS PL City FREDERICK FEC ID number of contributing	State MD	Zip Code 21704	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
rederal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary Other (specify) ▼	 '	on STRATOR e Year-to-Date ▼ 570.00	30.00
SUBTOTAL of Receipts This Page (optional) .			90.00

ITI	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS y information copied from such Reports and S	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 118 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or f	or commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORAT	name and ad	dress of any political committee to	solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) REGINA R. JONES Mailing Address 2 WEATHERLY AVEN	UE		Date of Receipt
	City	State	Zip Code	0 7 0 2 2 0 1 0 Transaction ID: SA11AI.39763
	NEWPORT	RI	02840	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		on OR-NURSING e Year-to-Date ▼ 260.00	
	Full Name (Last, First, Middle Initial) REGINA R. JONES			Date of Receipt
	Mailing Address 2 WEATHERLY AVEN	UE		07 09 2010
	City	State	Zip Code	Transaction ID: SA11AI.39764
	NEWPORT	RI	02840	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	 	OR-NURSING	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 270.00	
 C.	Full Name (Last, First, Middle Initial) REGINA R. JONES			Date of Receipt
_	Mailing Address 2 WEATHERLY AVEN	UE		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City NEWPORT	State RI	Zip Code 02840	Transaction ID: SA11AI.39765 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation	n OR-NURSING	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 280.00	
sı	JBTOTAL of Receipts This Page (optional)	<u> </u>	·····	30.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 119 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	e name and address of any political committe	e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) REGINA R. JONES Mailing Address 2 WEATHERLY AVEN City NEWPORT FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip Code RI 02840 C Occupation DIRECTOR-NURSING Aggregate Year-to-Date 290.00	Date of Receipt M M M / D D A 2 3 2 0 1 0 Transaction ID: SA11AI.39766 Amount of Each Receipt this Period 10.00
Full Name (Last, First, Middle Initial) REGINA R. JONES Mailing Address 2 WEATHERLY AVEN City NEWPORT FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip Code RI 02840 C Occupation DIRECTOR-NURSING Aggregate Year-to-Date 300.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) REGINA R. JONES Mailing Address 2 WEATHERLY AVEN City NEWPORT FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip Code RI 02840 C Occupation DIRECTOR-NURSING Aggregate Year-to-Date 310.00	Date of Receipt M M M D D D Y Y Y Y Y Y Transaction ID: SA11AI.39768 Amount of Each Receipt this Period 10.00
SUBTOTAL of Receipts This Page (optional)		30.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Page	e (check only one)
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by an using the name and address of any political comm	hittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initia REGINA R. JONES		Date of Receipt
Mailing Address 2 WEATHERI		0 8 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City NEWPORT	State Zip Code RI 02840	Transaction ID: SA11AI.39769 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer GENESIS HEALTHCARE CORPO ATION Receipt For: Primary General Other (specify) ▼	Occupation DIRECTOR-NURSING Aggregate Year-to-Date 320.0	00
Full Name (Last, First, Middle Initia REGINA R. JONES Mailing Address 2 WEATHERI	,	Date of Receipt
City	State Zip Code	08 20 2010
NEWPORT	RI 02840	Transaction ID: SA11AI.39770 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer GENESIS HEALTHCARE CORPO ATION	Occupation DIRECTOR-NURSING	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.0	00
Full Name (Last, First, Middle Initia REGINA R. JONES		Date of Receipt
Mailing Address 2 WEATHERI	Y AVENUE	0 8
City	State Zip Code	Transaction ID: SA11AI.39771
NEWPORT FEC ID number of contributing federal political committee.	RI 02840	Amount of Each Receipt this Period 10.00
Name of Employer GENESIS HEALTHCARE CORPO ATION	Occupation DIRECTOR-NURSING	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.0	00
SUBTOTAL of Receipts This Page (o	optional)	30.00
TOTAL This Period (last page this lin		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 121 / 27 / (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	ATION POLIT	ICAL ACTION COMMITTEE	<u> </u>
Full Name (Last, First, Middle Initial) REGINA R. JONES			Date of Receipt
Mailing Address 2 WEATHERLY AVE	NUE		0 9 0 3 2 0 1 0
City	State RI	Zip Code	Transaction ID: SA11AI.39772
NEWPORT FEC ID number of contributing federal political committee.	C	02840	Amount of Each Receipt this Period 10.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	_ '	OR-NURSING	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) REGINA R. JONES	I		Date of Receipt
Mailing Address 2 WEATHERLY AVE	NUE		0 9 1 0 1 2 0 1 0
City NEWPORT	State RI	Zip Code	Transaction ID: SA11AI.39773
FEC ID number of contributing federal political committee.	C	02840	Amount of Each Receipt this Period
Name of Employer GENESIS HEALTHCARE CORPOR-	Occupation	n OR-NURSING	
ATION Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		360.00	
Full Name (Last, First, Middle Initial) REGINA R. JONES			Date of Receipt
Mailing Address 2 WEATHERLY AVE	NUE		0 9 1 7 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.39774
NEWPORT	RI	02840	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	'	OR-NURSING	
Receipt For: Primary General	Aggregate	e Year-to-Date	7
Other (specify) ▼		370.00	
SUBTOTAL of Receipts This Page (optional)		\	30.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 122 / 277 (check only one) X
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) WALTER J. KIELAR Mailing Address 17 CURTIS ROAD		Date of Receipt M M
City SPRINGFIELD	State Zip Code PA 19064	Transaction ID: SA11AI.39789 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼	Occupation VP-SR CENTERS OPERATIONS Aggregate Year-to-Date 2100.00	
Full Name (Last, First, Middle Initial) WALTER J. KIELAR Mailing Address 17 CURTIS ROAD		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City SPRINGFIELD	State Zip Code PA 19064	Transaction ID: SA11AI.39790 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼	Occupation VP-SR CENTERS OPERATIONS Aggregate Year-to-Date 2250.00	150.00
Full Name (Last, First, Middle Initial) WALTER J. KIELAR Mailing Address 17 CURTIS ROAD	1	Date of Receipt
City SPRINGFIELD	State Zip Code PA 19064	Transaction ID: SA11AI.39791 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼	Occupation VP-SR CENTERS OPERATIONS Aggregate Year-to-Date 2400.00	
SUBTOTAL of Receipts This Page (optional)	>	450.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 123 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to RATION POLITICAL ACTION COMMITTEE	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) WALTER J. KIELAR Mailing Address 17 CURTIS ROAD City SPRINGFIELD FEC ID number of contributing federal political committee.	State Zip Code PA 19064	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼	Occupation VP-SR CENTERS OPERATIONS Aggregate Year-to-Date 2550.00	
Full Name (Last, First, Middle Initial) WALTER J. KIELAR Mailing Address 17 CURTIS ROAD City	State Zip Code	Date of Receipt M
SPRINGFIELD FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)	PA 19064 C Occupation VP-SR CENTERS OPERATIONS Aggregate Year-to-Date ▼ 2700.00	Amount of Each Receipt this Period 150.00
Full Name (Last, First, Middle Initial) WALTER J. KIELAR Mailing Address 17 CURTIS ROAD City	State Zip Code	Date of Receipt M
SPRINGFIELD FEC ID number of contributing federal political committee.	PA 19064	Amount of Each Receipt this Period 150.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: □ Primary □ General Other (specify) ▼	Occupation VP-SR CENTERS OPERATIONS Aggregate Year-to-Date 2850.00	
SUBTOTAL of Receipts This Page (option	List List	450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 124 / 277 (check only one) X
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORAT	name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MARY ANNE KUROWSKI Mailing Address 18 MEMEL DRIVE			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
THORNTON EEC ID number of contributing	State PA	Zip Code 19373	Transaction ID: SA11AI.39813 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	1	50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	VP-SN A	LF SYSTEMS Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) MARY ANNE KUROWSKI Mailing Address 18 MEMEL DRIVE			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.39814
THORNTON	PA	19373	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:	. '	n LF SYSTEMS Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	750.00	
Full Name (Last, First, Middle Initial) MARY ANNE KUROWSKI			Date of Receipt
Mailing Address 18 MEMEL DRIVE			08 06 7 2010
City THORNTON	State PA	Zip Code 19373	Transaction ID: SA11AI.39815 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION		LF SYSTEMS	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 800.00	
SUBTOTAL of Receipts This Page (optional)			150.00

Any information copied from such Reports and Statements may not be sold or used by any posson for the purpose of soliciting contributions or for commercial purposes. When the has using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE A, MIName (Last, First, Middle Initial) MARY ANNE KUROWSKI Mailing Address 18 MEMEL DRIVE City State Zip Code THORNTON PA 19373 FEC ID number of contributing federal political committee. C State Zip Code THORNTON PA 19373 FEC ID number of contributing General Other (specify) ▼ Full Name (Last, First, Middle Initial) MARY ANNE KUROWSKI Mailing Address 18 MEMEL DRIVE City State Zip Code THORNTON PA 19373 FEC ID number of contributing federal political committee. C State Zip Code THORNTON PA 19373 FEC ID number of contributing federal political committee. C State Zip Code THORNTON PA 19373 FEC ID number of contributing federal political committee. C Name of Emdover (Accompting General Other (specify) ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MARY ANNE KUROWSKI Mailing Address 18 MEMEL DRIVE City State Zip Code THORNTON PA 19373 FEC ID number of contributing federal political committee. C Name of Emdover (Accompting General Other (specify) ▼ Full Name (Last, First, Middle Initial) MARY ANNE KUROWSKI Mailing Address 18 MEMEL DRIVE City State Zip Code THORNTON PA 19373 FEC ID number of contributing federal political committee. C Name of Emdover (Accompting General Other (specify) ▼ Primary General Other (specify) ▼ PA 19373 FEC ID number of contributing federal political committee. C Name of Emdover (Accompting General Other (specify) ▼ Primary General Other (specify) ▼ Pri		CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 125 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A. MARY ANNE KUROWSKI Mailing Address 18 MEMEL DRIVE City State Zip Code THORNTON PA 19373 FEC ID number of contributing federal political committee. C C	An	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	o solicit contributions from such committee.
FEC ID number of contributing federal political committee. Name of Employer CENESIS HEALTHCARE CORPORALOW VP-SN ALF SYSTEMS ACON ALCON A	<u>/_</u> A.	MARY ANNE KUROWSKI Mailing Address 18 MEMEL DRIVE City		•	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
AllON Receipt For:		FEC ID number of contributing federal political committee.	С		
MARY ANNE KUROWSKI Mailing Address 18 MEMEL DRIVE City State Zip Code THORNTON PA 19373 FEC ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ Full Name (Last, First, Middle Initial) MARY ANNE KUROWSKI City State Zip Code PA 19373 Amount of Each Receipt this Period FU-SN ALF SYSTEMS Aggregate Year-to-Date ▼ 900.00 Date of Receipt Transaction ID: SA11AI.39817 Amount of Each Receipt this Period Full Name (Last, First, Middle Initial) MARY ANNE KUROWSKI Mailing Address 18 MEMEL DRIVE City State Zip Code ThORNTON PA 19373 Amount of Each Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		ATION Receipt For: Primary General	VP-SN A	LF SYSTEMS e Year-to-Date ▼ 850.00]
Transaction ID: SA11AI.39817 THORNTON FEC ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ Name of Employer General Other (specify) ▼ State Zip Code Transaction ID: SA11AI.39817 Amount of Each Receipt this Period For: PA 19373 Amount of Each Receipt this Period For. Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11AI.39817 Amount of Each Receipt this Period For. Date of Receipt Transaction ID: SA11AI.39818 Transaction ID: SA11AI.39817 Amount of Each Receipt this Period For. Date of Receipt Transaction ID: SA11AI.39818 Transaction ID: SA11AI.39817 Amount of Each Receipt this Period For. Date of Receipt Transaction ID: SA11AI.39818 Amount of Each Receipt this Period For. Docupation VP-SN ALF SYSTEMS Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Docupation VP-SN ALF SYSTEMS Aggregate Year-to-Date ▼	 3.	MARY ANNE KUROWSKI	•		M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Primary General Other (specify) ▼		•		•	Transaction ID: SA11AI.39817
ATION Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MARY ANNE KUROWSKI Mailing Address 18 MEMEL DRIVE City THORNTON PA 19373 FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify) ▼ Occupation VP-SN ALF SYSTEMS Aggregate Year-to-Date ▼ Occupation VP-SN ALF SYSTEMS Aggregate Year-to-Date ▼ 950.00		FEC ID number of contributing		19373	
Mailing Address 18 MEMEL DRIVE City State Zip Code Transaction ID: SA11AI.39818 PA 19373 FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: SA11AI.39818 Amount of Each Receipt this Period C 50.00		ATION Receipt For: Primary General	VP-SN A	ALF SYSTEMS e Year-to-Date ▼	
City State Zip Code PA 19373 FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify) ▼ State Zip Code Transaction ID: SA11AI.39818 Amount of Each Receipt this Period 50.00 C Scupation VP-SN ALF SYSTEMS Aggregate Year-to-Date ▼ 950.00	<u> </u>	MARY ANNE KUROWSKI			M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify) Occupation VP-SN ALF SYSTEMS Aggregate Year-to-Date 950.00		-	State	Zip Code	
GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify) 950.00		FEC ID number of contributing		19373	
Primary General 950.00 Other (specify) ▼		ATION	VP-SN A	LF SYSTEMS	
SURTOTAL of Receipts This Page (optional)		Primary General	Aggregate		
COST CTAL OF FLOODING THIS Flags (optional)	SI	UBTOTAL of Receipts This Page (optional))	150.00

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 126 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Rep or for commercial purposes, other than NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any persusing the name and address of any political committee	son for the purpose of soliciting contributions
GENESIS HEALTHCARE CO	RPORATION POLITICAL ACTION COMMITTE	E
Full Name (Last, First, Middle Initial WENDY LABATE		Date of Receipt
Mailing Address 36 MACDONA	LD DRIVE	07 09 7 2010
City NASHUA	State Zip Code NH 03062	Transaction ID: SA11AI.39832 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer GENESIS HEALTHCARE CORPO ATION Receipt For: ☐ Primary ☐ General Other (specify) ▼	R- Occupation VICE PRESIDENT-CLINICAL SVS Aggregate Year-to-Date ▼ 1400.00	
Full Name (Last, First, Middle Initial WENDY LABATE Mailing Address 36 MACDONA		Date of Receipt
City	State Zip Code	0 7 2 3 2 0 1 0 Transaction ID: SA11AI.39833
NASHUA NASHUA	NH 03062	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer GENESIS HEALTHCARE CORPO ATION	R- Occupation VICE PRESIDENT-CLINICAL SVS	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial WENDY LABATE		Date of Receipt
Mailing Address 36 MACDONA	LD DRIVE	0 8 0 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City NASHUA	State Zip Code NH 03062	Transaction ID: SA11AI.39834 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer GENESIS HEALTHCARE CORPO ATION	VIOLITIZOIDENT GENTIONE GVG	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	
	ptional)	300.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	(3)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 127 / 277 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR	RATION POLIT	ICAL ACTION COMMITTEE	:
Full Name (Last, First, Middle Initial) WENDY LABATE			Date of Receipt
Mailing Address 36 MACDONALD D	RIVE		08 20 7 2010
City	State	Zip Code	Transaction ID: SA11AI.39835
NASHUA	NH	03062	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VICE PR	ESIDENT-CLINICAL SVS	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1700.00	
Full Name (Last, First, Middle Initial) WENDY LABATE			Date of Receipt
Mailing Address 36 MACDONALD D	RIVE		09 03 7 2010
City	State	Zip Code	Transaction ID: SA11AI.39836
NASHUA	NH	03062	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VICE PR	n ESIDENT-CLINICAL SVS	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1800.00]
Full Name (Last, First, Middle Initial) WENDY LABATE			Date of Receipt
Mailing Address 36 MACDONALD D	RIVE		09 17 2010
City	State	Zip Code	Transaction ID: SA11AI.39837
NASHUA	NH	03062	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VICE PR	n ESIDENT-CLINICAL SVS	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1900.00]
			300.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 128/2// (check only one) X 11a
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPO	RATION POLIT	ICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) LAURENCE F. LANE			Date of Receipt
Mailing Address 1616 STEPHENS [DRIVE		07 09 7 2010
City WAYNE	State PA	Zip Code 19087	Transaction ID: SA11AI.39838 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP GOV	n ERNMENT RELATIONS	7
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1400.00	
Full Name (Last, First, Middle Initial) LAURENCE F. LANE			Date of Receipt
Mailing Address 1616 STEPHENS [DRIVE		0 7 2 3 2 0 1 0
City	State PA	Zip Code	Transaction ID: SA11AI.39839
WAYNE FEC ID number of contributing federal political committee.	C	19087	Amount of Each Receipt this Period
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP GOV	n ERNMENT RELATIONS	
Receipt For: Primary General Other (specify) ▼	- '	Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) LAURENCE F. LANE			Date of Receipt
Mailing Address 1616 STEPHENS [DRIVE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City WAYNE	State PA	Zip Code 19087	Transaction ID: SA11AI.39840 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer GENESIS HEALTH VENTURES, INC.	- + +	ERNMENT RELATIONS	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1600.00]
SUBTOTAL of Receipts This Page (optional	al)		300.00

SCHEDULE A	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 129 / 277 (check only one) X
or for commercial pu	rposes, other than using the r	name and add	r not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last,	First, Middle Initial)		TONE NOTICE OCIVINITY LE	
	1616 STEPHENS DRIV	Έ		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.39841
WAYNE FEC ID number of federal political c		C	19087	Amount of Each Receipt this Period
INC. Receipt For:	er TH VENTURES,		n ERNMENT RELATIONS Year-to-Date ▼	
Primary Other (spe	☐ General	0 0	1700.00	
Full Name (Last, LAURENCE F. LA	First, Middle Initial) NE			Date of Receipt
Mailing Address	1616 STEPHENS DRIV	Έ		09 03 YYYY 09 03 2010
City		State	Zip Code	Transaction ID: SA11AI.39842
WAYNE		PA	19087	Amount of Each Receipt this Period
FEC ID number of federal political c	ommittee.	С		100.00
Name of Employ GENESIS HEAL INC.	er TH VENTURES,	Occupation VP GOV	n ERNMENT RELATIONS	
Receipt For: Primary Other (spec	General	Aggregate	Year-to-Date ▼ 1800.00	
Full Name (Last, LAURENCE F. LA	First, Middle Initial) NE			Date of Receipt
Mailing Address	1616 STEPHENS DRIV	Έ		0 9 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.39843
WAYNE FEC ID number of federal political c		C	19087	Amount of Each Receipt this Period 100.00
INC.	er TH VENTURES,	Occupation VP GOV	n ERNMENT RELATIONS	
Receipt For: Primary Other (spec	General	Aggregate	Year-to-Date ▼ 1900.00	
SUBTOTAL of Rec	eipts This Page (optional)			300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 130 / 277 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may	 y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
GENESIS HEALTHCARE CORPORA	ATION POLIT	TICAL ACTION COMMITTEE	<u> </u>
Full Name (Last, First, Middle Initial) MARK W LATHAM			Date of Receipt
Mailing Address 100 CRAM ROAD			07 09 2010
City	State	Zip Code	Transaction ID: SA11AI.39851
SANBORNTON	NH	03269	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio ADMINIS	n STRATOR	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		280.00	1
Other (specify) ▼		0 0 0 0 0 0 0	
Full Name (Last, First, Middle Initial) MARK W LATHAM			Date of Receipt
Mailing Address 100 CRAM ROAD			07 23 7 2010
City	State	Zip Code	Transaction ID: SA11AI.39852
SANBORNTON	NH	03269	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio ADMINIS	n STRATOR	
Receipt For:	Aggregate	e Year-to-Date	
Primary General Other (specify) ▼		300.00	
Full Name (Last, First, Middle Initial) MARK W LATHAM			Date of Receipt
Mailing Address 100 CRAM ROAD			08 06 YYYYY 08 06 2010
City	State	Zip Code	Transaction ID: SA11AI.39853
SANBORNTON	NH	03269	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio ADMINIS	n STRATOR	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	320.00	
			60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 131 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than using t	d Statements may not be sold or used by any person the name and address of any political committee to ATION POLITICAL ACTION COMMITTEE	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MARK W LATHAM Mailing Address 100 CRAM ROAD		Date of Receipt
City	State Zip Code	0 8 2 0 2 0 1 0 Transaction ID: SA11AI.39854
SANBORNTON	NH 03269	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation ADMINISTRATOR	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	
Full Name (Last, First, Middle Initial) MARK W LATHAM		Date of Receipt
Mailing Address 100 CRAM ROAD		09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.39855
SANBORNTON	NH 03269	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation ADMINISTRATOR	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) MARK W LATHAM		Date of Receipt
Mailing Address 100 CRAM ROAD		09 17 2010
City SANBORNTON	State Zip Code NH 03269	Transaction ID: SA11AI.39856 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation ADMINISTRATOR	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	
SUBTOTAL of Receipts This Page (optional))	60.00

SCHEDULE A (FE	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 132 / 277 (check only one) X
or for commercial purposes, NAME OF COMMITTEE	other than using the name and a (In Full)	address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
		ITICAL ACTION COMMITTEE	<u> </u>
Full Name (Last, First, M MARY S LAUKAITIS	,		Date of Receipt
	THISTLEWOOD LANE	7'n Oada	07 09 2010
City STEWARTSTOWN	State PA	Zip Code 17363	Transaction ID: SA11AI.39857 Amount of Each Receipt this Period
FEC ID number of contri federal political committe			15.00
Name of Employer GENESIS HEALTHCAF ATION	RE CORPOR- Occupat	tion TOR-REIMBURSEMENT SEF	
Receipt For:	Aggrega General	ate Year-to-Date ▼ 210.00	
Full Name (Last, First, M	iddle Initial)		Date of Receipt
Mailing Address 1301	THISTLEWOOD LANE		07 23 YYYY 2010
City	State PA	Zip Code	Transaction ID: SA11AI.39858
STEWARTSTOWN FEC ID number of contri federal political committe	buting	17363	Amount of Each Receipt this Period 15.00
Name of Employer GENESIS HEALTHCAF ATION	RE CORPOR- Occupat	tion TOR-REIMBURSEMENT SEF	
Receipt For:	Aggrega	ate Year-to-Date ▼	-
Other (specify)		225.00	
Full Name (Last, First, M MARY S LAUKAITIS	iddle Initial)		Date of Receipt
Mailing Address 1301	THISTLEWOOD LANE		08 06 YYYYY 08 06 2010
City STEWARTSTOWN	State PA	Zip Code	Transaction ID: SA11AI.39859
FEC ID number of contri federal political committee	buting	17363	Amount of Each Receipt this Period 15.00
Name of Employer GENESIS HEALTHCAF ATION	LDIREC	TOR-REIMBURSEMENT SEF	RVCE
Receipt For: Primary Other (specify) ▼	Aggrega General	ate Year-to-Date ▼ 240.00	
			45.00

ITEMIZED RECEIPTS	38)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 133 / 2 / / (check only one)
Any information copied from such Reports or for commercial purposes, other than us	and Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oslicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORP	ORATION POLIT	ICAL ACTION COMMITTEE	:
Full Name (Last, First, Middle Initial) MARY S LAUKAITIS			Date of Receipt
Mailing Address 1301 THISTLEW	OOD LANE		08 20 2010
City STEWARTSTOWN	State PA	Zip Code 17363	Transaction ID: SA11AI.39860 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTO	n OR-REIMBURSEMENT SER	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	
Full Name (Last, First, Middle Initial) MARY S LAUKAITIS	I		Date of Receipt
Mailing Address 1301 THISTLEW	OOD LANE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.39861
STEWARTSTOWN	PA	17363	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTO	n OR-REIMBURSEMENT SER	RV CE
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary ☐ General Other (specify) ▼		270.00	
Full Name (Last, First, Middle Initial) MARY S LAUKAITIS			Date of Receipt
Mailing Address 1301 THISTLEW	OOD LANE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.39862
STEWARTSTOWN FEC ID number of contributing federal political committee.	C	17363	Amount of Each Receipt this Period
Name of Employer GENESIS HEALTHCARE CORPOR-	Occupation	n OR-REIMBURSEMENT SER	- NICE
ATION Receipt For:		e Year-to-Date	
Primary General Other (specify)	39. 194.6	285.00	1
	0 0		<u>'</u>
			45.00

SCHEDULE A (FEC FO	for De	se separate schedule(s) each category of the stailed Summary Page	FOR LINE NUMBER: PAGE 134 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other the NAME OF COMMITTEE (In Full GENESIS HEALTHCARE C	an using the name and address	of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initron) LEGGORE Mailing Address 3807 BAKE City ABINGDON FEC ID number of contributing federal political committee.	R AVENUE State Z	Zip Code 21009	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer GENESIS HEALTHCARE COR ATION Receipt For: Primary General Other (specify) ▼	POR- Occupation DIRECTOR-C Aggregate Year	LINICAL PRACTICE to-Date 210.00	
Full Name (Last, First, Middle Ini TONI LEGGORE Mailing Address 3807 BAKE City	R AVENUE	Žip Code	Date of Receipt M
ABINGDON FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORATION Receipt For: Primary General Other (specify) ▼	C Occupation	LINICAL PRACTICE to-Date 225.00	Amount of Each Receipt this Period 15.00
Full Name (Last, First, Middle Ini TONI LEGGORE Mailing Address 3807 BAKE City	R AVENUE	Žip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
ABINGDON FEC ID number of contributing federal political committee.		21009	Transaction ID: SA11AI.39871 Amount of Each Receipt this Period 15.00
Name of Employer GENESIS HEALTHCARE COR ATION Receipt For: Primary General Other (specify) ▼	POR- Occupation DIRECTOR-C Aggregate Year	LINICAL PRACTICE to-Date 240.00	
SUBTOTAL of Receipts This Page	(optional)		45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 135 / 277 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR.	he name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) TONI LEGGORE Mailing Address 3807 BAKER AVENU	JE		Date of Receipt 0 8 2 0 2 0 1 0
City ABINGDON FEC ID number of contributing federal political committee.	State MD	Zip Code 21009	Transaction ID: SA11AI.39872 Amount of Each Receipt this Period 15.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	- '	n OR-CLINICAL PRACTICE e Year-to-Date ▼ 255.00	
Full Name (Last, First, Middle Initial) TONI LEGGORE Mailing Address 3807 BAKER AVENU	JE		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City ABINGDON FEC ID number of contributing federal political committee.	State MD	Zip Code 21009	Transaction ID: SA11AI.39873 Amount of Each Receipt this Period 15.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼		n DR-CLINICAL PRACTICE • Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) TONI LEGGORE Mailing Address 3807 BAKER AVENU	JE		Date of Receipt
City ABINGDON FEC ID number of contributing federal political committee.	State MD	Zip Code 21009	Transaction ID: SA11AI.39874 Amount of Each Receipt this Period 15.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	_ , '	DR-CLINICAL PRACTICE 9 Year-to-Date ▼ 285.00	
SUBTOTAL of Receipts This Page (optional))	45.00

	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 136 / 277 (check only one) X
or for commerci	copied from such Reports and sal purposes, other than using the COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
/		TION POLIT	ICAL ACTION COMMITTEE	<u> </u>
Full Name (L DONNA LES Mailing Addr				Date of Receipt
City	ess 118 DEER VALLEY	State	Zip Code	0 8 2 0 2 0 1 0 Transaction ID: SA11AI.39878
HURRICA	NE	WV	25526	Amount of Each Receipt this Period
	ber of contributing cal committee.	C		12.50
Name of Em GENESIS H ATION	ployer IEALTHCARE CORPOR-	Occupation MANAGE	n ER-CLINICAL REIMBURSEN	— MENT
Receipt For:		Aggregate	Year-to-Date ▼ 212.50	
Full Name (L DONNA LES	ast, First, Middle Initial) LIE			Date of Receipt
Mailing Addr	ess 118 DEER VALLEY			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.39879
HURRICA		WV	25526	Amount of Each Receipt this Period
	ber of contributing cal committee.	C		12.50
ATION	ployer EALTHCARE CORPOR-	Occupation MANAGE	n ER-CLINICAL REIMBURSEN	MENT
Receipt For: Primar		Aggregate	e Year-to-Date ▼	
	(specify) ▼		225.00	
Full Name (L DONNA LES	ast, First, Middle Initial) LIE			Date of Receipt
Mailing Addr	ess 118 DEER VALLEY			0 9 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.39880
HURRICA		WV	25526	Amount of Each Receipt this Period
federal polition	ber of contributing cal committee.	C		12.50
ATION	ployer EALTHCARE CORPOR-		ER-CLINICAL REIMBURSEN	мемт
Receipt For: Primar		Aggregate	e Year-to-Date ▼	7
	(specify) ▼		237.50	
				37.50

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 137 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORAT	name and ad	dress of any political committee to	solicit contributions from such committee.
	Full Name (Last, First, Middle Initial)		TONE NOTICE OCIVILITY TEE	
۱.	JOHN F. LOOME Mailing Address 3523 RUNNYMEDE PL	ACE,NW		Date of Receipt M
	City WASHINGTON	State DC	Zip Code 20015	Transaction ID: SA11AI.39888 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:		IONAL MEDICAL DIRECTO	R
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 700.00	
 3.	Full Name (Last, First, Middle Initial) JOHN F. LOOME Mailing Address 3523 RUNNYMEDE PL	ACF.NW		Date of Receipt
	City	State	Zip Code	0 7 2 3 2 0 1 0 Transaction ID: SA11AI.39889
	WASHINGTON	DC	20015	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio VP-REG	n IONAL MEDICAL DIRECTO	R
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		750.00	
).	Full Name (Last, First, Middle Initial) JOHN F. LOOME			Date of Receipt
	Mailing Address 3523 RUNNYMEDE PL	ACE,NW		08 06 2010
	City WASHINGTON	State DC	Zip Code 20015	Transaction ID: SA11AI.39890 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION		IONAL MEDICAL DIRECTO	R
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 800.00	
SI	UBTOTAL of Receipts This Page (optional)			150.00
Т	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 138 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORATION OF THE PROPERTY OF	tatements may not be sold or used by any perso name and address of any political committee to FION POLITICAL ACTION COMMITTEE	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOHN F. LOOME Mailing Address 3523 RUNNYMEDE Pl City WASHINGTON FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General	State Zip Code DC 20015 C Occupation VP-REGIONAL MEDICAL DIRECTOR Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) JOHN F. LOOME Mailing Address 3523 RUNNYMEDE Pl City WASHINGTON FEC ID number of contributing federal political committee.	ACE,NW State Zip Code DC 20015	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	Occupation VP-REGIONAL MEDICAL DIRECTOR Aggregate Year-to-Date ▼ 900.00	3
Full Name (Last, First, Middle Initial) JOHN F. LOOME Mailing Address 3523 RUNNYMEDE Pl City	_ACE,NW State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
WASHINGTON FEC ID number of contributing federal political committee.	DC 20015	Transaction ID: SA11AI.39893 Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation VP-REGIONAL MEDICAL DIRECTOR Aggregate Year-to-Date ▼ 950.00	3
SUBTOTAL of Receipts This Page (optional)	_	150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 139 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	e name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DONALEE A LOUX Mailing Address 118 SCOTTS GLEN F	ROAD		Date of Receipt
City	State	Zip Code	0 7 0 9 2 0 1 0 Transaction ID: SA11AI.39894
LINCOLN UNIVERSITY	PA	19352	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:	_ '	n OR-FINANCIAL SYSTEMS Year-to-Date ▼	
Primary General Other (specify) ▼	, iggi ogali	700.00	
Full Name (Last, First, Middle Initial) DONALEE A LOUX			Date of Receipt
Mailing Address 118 SCOTTS GLEN F	ROAD		07 23 7 2010
City	State	Zip Code	Transaction ID: SA11AI.39895
LINCOLN UNIVERSITY	PA	19352	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio DIRECTO	n OR-FINANCIAL SYSTEMS	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) DONALEE A LOUX			Date of Receipt
Mailing Address 118 SCOTTS GLEN F	ROAD		08 06 7 2010
City	State	Zip Code	Transaction ID: SA11AI.39896
LINCOLN UNIVERSITY	PA	19352	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio DIRECTO	n OR-FINANCIAL SYSTEMS	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 800.00	
SUBTOTAL of Receipts This Page (optional)			150.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 140 / 27 / (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	ATION POLIT	ICAL ACTION COMMITTEE	<u> </u>
Full Name (Last, First, Middle Initial) DONALEE A LOUX			Date of Receipt
Mailing Address 118 SCOTTS GLEN I	ROAD		08 20 7 2010
City LINCOLN UNIVERSITY	State PA	Zip Code 19352	Transaction ID: SA11AI.39897 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTO	n OR-FINANCIAL SYSTEMS	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 850.00	
Full Name (Last, First, Middle Initial) DONALEE A LOUX	-1		Date of Receipt
Mailing Address 118 SCOTTS GLEN I	ROAD		09 / 03 / 4 9 9
City LINCOLN UNIVERSITY	State PA	Zip Code 19352	Transaction ID: SA11AI.39898 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTO	n OR-FINANCIAL SYSTEMS	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) DONALEE A LOUX			Date of Receipt
Mailing Address 118 SCOTTS GLEN I	ROAD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City LINCOLN UNIVERSITY	State PA	Zip Code 19352	Transaction ID: SA11AI.39899 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	- '	OR-FINANCIAL SYSTEMS	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 950.00	
SUBTOTAL of Receipts This Page (optional) .	•		150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 141 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17 for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	name and address of any political committee to s	olicit contributions from such committee.
Full Name (Last, First, Middle Initial) PAUL MAHONEY Mailing Address 49 BARRY AVE		Date of Receipt 0 7 0 9 2 0 1 0
City SOMERSET	State Zip Code MA 02726	Transaction ID: SA11AI.39900 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Occupation	20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	DIRECTOR-HOSPITALITY SERVICES Aggregate Year-to-Date 280.00	5
Full Name (Last, First, Middle Initial) PAUL MAHONEY Mailing Address 49 BARRY AVE		Date of Receipt 0 7 2 3 2 0 1 0
City SOMERSET FEC ID number of contributing	State Zip Code MA 02726	Transaction ID: SA11AI.39901 Amount of Each Receipt this Period
federal political committee. Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify)	Occupation DIRECTOR-HOSPITALITY SERVICES Aggregate Year-to-Date 300.00	20.00
Full Name (Last, First, Middle Initial) PAUL MAHONEY Mailing Address 49 BARRY AVE		Date of Receipt 0 8 0 6 2 0 1 0
City SOMERSET	State Zip Code MA 02726	Transaction ID: SA11AI.39902 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	Occupation DIRECTOR-HOSPITALITY SERVICES Aggregate Year-to-Date 320.00	5
SUBTOTAL of Receipts This Page (optional))	60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 142 / 277 (check only one) X
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to so	for the purpose of soliciting contributions olicit contributions from such committee.
Full Name (Last, First, Middle Initial) PAUL MAHONEY Mailing Address 49 BARRY AVE City SOMERSET FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip Code MA 02726 C Occupation DIRECTOR-HOSPITALITY SERVICES Aggregate Year-to-Date 340.00	Date of Receipt M M Z D Z D Z D Z D D Z D D Z D D D Z D
Full Name (Last, First, Middle Initial) PAUL MAHONEY Mailing Address 49 BARRY AVE City SOMERSET FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip Code MA 02726 C Occupation DIRECTOR-HOSPITALITY SERVICES Aggregate Year-to-Date 360.00	Date of Receipt M M / D D / Y Y Y Y Y O 9
Full Name (Last, First, Middle Initial) PAUL MAHONEY Mailing Address 49 BARRY AVE City SOMERSET FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip Code MA 02726 C Occupation DIRECTOR-HOSPITALITY SERVICES Aggregate Year-to-Date 380.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	·····	60.00

or for commercial purposes, other than to NAME OF COMMITTEE (In Full)	rts and Statements may not be sold or used by any persousing the name and address of any political committee to RPORATION POLITICAL ACTION COMMITTEE ROAD State Zip Code NJ 08217	solicit contributions from such committee.
GREGORY MARKS Mailing Address 700 ELWOOD City	State Zip Code	0 7 0 9 2 0 1 0 Transaction ID: SA11AI.39908
-	·	
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer GENESIS HEALTHCARE CORPOI ATION Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	ADMINISTRATOR Aggregate Year-to-Date ▼ 280.00	
Full Name (Last, First, Middle Initial) GREGORY MARKS Mailing Address 700 ELWOOD	ROAD	Date of Receipt 0 7 2 3 2 0 1 0
City ELWOOD	State Zip Code NJ 08217	Transaction ID: SA11AI.39909
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 20.00
Name of Employer GENESIS HEALTHCARE CORPOI ATION Receipt For:	Coccupation ADMINISTRATOR Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) GREGORY MARKS		Date of Receipt
Mailing Address 700 ELWOOD		08 06 2010
City ELWOOD	State Zip Code NJ 08217	Transaction ID: SA11AI.39910 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer GENESIS HEALTHCARE CORPOI ATION Receipt For:	Coccupation ADMINISTRATOR Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	320.00	
SUBTOTAL of Receipts This Page (op	itional)	60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 144 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any p name and address of any political committe	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	TION POLITICAL ACTION COMMIT	TEE
Full Name (Last, First, Middle Initial) GREGORY MARKS Mailing Address 700 ELWOOD ROAD		Date of Receipt
City	State Zip Code	0 8 2 0 2 0 1 0 Transaction ID: SA11Al.39911
ELWOOD	NJ 08217	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation ADMINISTRATOR	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	
Full Name (Last, First, Middle Initial) GREGORY MARKS		Date of Receipt
Mailing Address 700 ELWOOD ROAD		09 03 2010
City ELWOOD	State Zip Code NJ 08217	Transaction ID: SA11AI.39912
FEC ID number of contributing federal political committee.	NJ 08217	Amount of Each Receipt this Period 20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation ADMINISTRATOR	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) GREGORY MARKS	<u> </u>	Date of Receipt
Mailing Address 700 ELWOOD ROAD		09 17 2010
City ELWOOD	State Zip Code NJ 08217	Transaction ID: SA11AI.39913 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation ADMINISTRATOR	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	
SUBTOTAL of Receipts This Page (optional)	1	60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 145 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
GENESIS HEALTHCARE CORPORA	TION POLIT	ICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) JOSEPH MASON			Date of Receipt
Mailing Address 667 MOUNTAIN VIEW	V DRIVE		07 09 2010
City	State	Zip Code	Transaction ID: SA11AI.39920
OAKLAND	MD	21550	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VICE PR	n ESIDENT-CENTERS GROU	JP
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		2100.00	
Full Name (Last, First, Middle Initial) JOSEPH MASON			Date of Receipt
Mailing Address 667 MOUNTAIN VIEW	V DRIVE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.39921
OAKLAND	MD	21550	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VICE PR	n ESIDENT-CENTERS GROU	JP
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2250.00]
Full Name (Last, First, Middle Initial) JOSEPH MASON			Date of Receipt
Mailing Address 667 MOUNTAIN VIEW	V DRIVE		08 06 7 2010
City	State	Zip Code	Transaction ID: SA11AI.39922
OAKLAND	MD	21550	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VICE PR	n ESIDENT-CENTERS GROU	JP
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	2400.00	
SUBTOTAL of Receipts This Page (optional)	1		450.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 146 / 277 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOSEPH MASON			Date of Receipt
Mailing Address 667 MOUNTAIN VIE	EW DRIVE		08 20 YYYYY 2010
City	State	Zip Code	Transaction ID: SA11AI.39923
OAKLAND	MD	21550	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify)		n ESIDENT-CENTERS GROU Year-to-Date ▼ 2550.00	P
Full Name (Last, First, Middle Initial) JOSEPH MASON			Date of Receipt
Mailing Address 667 MOUNTAIN VIE	EW DRIVE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.39924
OAKLAND	MD	21550	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼		ESIDENT-CENTERS GROU Year-to-Date 2700.00	P
Full Name (Last, First, Middle Initial) JOSEPH MASON			Date of Receipt
Mailing Address 667 MOUNTAIN VIE	EW DRIVE		09 17 2010
City	State	Zip Code	Transaction ID: SA11AI.39925
OAKLAND	<u>MD</u>	21550	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio VICE PR	n ESIDENT-CENTERS GROU	P
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2850.00	
SUBTOTAL of Receipts This Page (optional))	450.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 147 / 277 (check only one) X
A	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	ATION POLIT	ICAL ACTION COMMITTEE	≣
۸.	Full Name (Last, First, Middle Initial) LOIS MCCASKEY			Date of Receipt
	Mailing Address 602 S. CONCORD Re	OAD 		07 09 7 2010
	City WEST CHESTER	State PA	Zip Code 19382	Transaction ID: SA11AI.39940 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	19002	50.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTO	DR-SR LABOR MGMT	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00	
- s.	Full Name (Last, First, Middle Initial) LOIS MCCASKEY			Date of Receipt
	Mailing Address 602 S. CONCORD Re	OAD		07 23 YYYY 2010
	City	State	Zip Code	Transaction ID: SA11AI.39941
	WEST CHESTER FEC ID number of contributing federal political committee.	C	19382	Amount of Each Receipt this Period 50.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTO	n DR-SR LABOR MGMT	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
	Full Name (Last, First, Middle Initial) LOIS MCCASKEY			Date of Receipt
	Mailing Address 602 S. CONCORD Re	OAD		0 8 0 6 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.39942
	WEST CHESTER FEC ID number of contributing federal political committee.	C	19382	Amount of Each Receipt this Period 50.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION		OR-SR LABOR MGMT	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00	
	SUBTOTAL of Receipts This Page (optional)	1		150.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 148 / 277 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) LOIS MCCASKEY Mailing Address 602 S. CONCORD	ROAD		Date of Receipt
City WEST CHESTER	State PA	Zip Code 19382	Transaction ID: SA11AI.39943 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼		on OR-SR LABOR MGMT e Year-to-Date ▼ 850.00]
Full Name (Last, First, Middle Initial) LOIS MCCASKEY Mailing Address 602 S. CONCORD	ROAD		Date of Receipt 0 9 0 3 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.39944
WEST CHESTER	PA	19382	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	- 	OR-SR LABOR MGMT	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) LOIS MCCASKEY	'		Date of Receipt
Mailing Address 602 S. CONCORD	ROAD		09 17 2010
City	State	Zip Code	Transaction ID: SA11AI.39945
WEST CHESTER FEC ID number of contributing federal political committee.	C	19382	Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION		OR-SR LABOR MGMT	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 950.00	
SUBTOTAL of Receipts This Page (optiona	<u> </u>		150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 149 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	e name and add	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) GARY S MCELWEE Mailing Address 118 PINE VALLEY RC City AVONDALE FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPOR-	State PA C Occupatio	Zip Code 19311	Date of Receipt M M M
ATION Receipt For: Primary General Other (specify) ▼		AB SYSTEMS e Year-to-Date ▼ 700.00]
Full Name (Last, First, Middle Initial) GARYS MCELWEE Mailing Address 118 PINE VALLEY RC	DAD		Date of Receipt 0 7 2 3 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.39947
AVONDALE FEC ID number of contributing federal political committee.	C	19311	Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼		AB SYSTEMS e Year-to-Date 750.00	
Full Name (Last, First, Middle Initial) GARY S MCELWEE			Date of Receipt
Mailing Address 118 PINE VALLEY RC	DAD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City AVONDALE	State PA	Zip Code 19311	Transaction ID: SA11AI.39948 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	13311	50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	+ +	AB SYSTEMS e Year-to-Date 800.00	
SUBTOTAL of Receipts This Page (optional)	1		150.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 150 / 277 (check only one) X
A	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	GENESIS HEALTHCARE CORPORA	ATION POLIT	TICAL ACTION COMMITTEE	<u> </u>
	Full Name (Last, First, Middle Initial) GARY S MCELWEE Mailing Address 118 PINE VALLEY Ro	OAD		Date of Receipt
	Walling Address 18 PINE VALLET RI	OAD		08 20 2010
	City	State	Zip Code	Transaction ID: SA11AI.39949
	AVONDALE	PA	19311	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-REH	n AB SYSTEMS	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		850.00	
	Full Name (Last, First, Middle Initial) GARY S MCELWEE			Date of Receipt
	Mailing Address 118 PINE VALLEY Ro	OAD		09 03 7 2010
	City	State	Zip Code	Transaction ID: SA11AI.39950
	AVONDALE	PA	19311	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	_, .	AB SYSTEMS	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify) ▼		900.00	
	Full Name (Last, First, Middle Initial) GARY S MCELWEE	-		Date of Receipt
	Mailing Address 118 PINE VALLEY Ro	OAD		09 17 2010
	City	State	Zip Code	Transaction ID: SA11AI.39951
	AVONDALE	PA	19311	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	- '	AB SYSTEMS	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		950.00	
	SUBTOTAL of Receipts This Page (optional)	1		150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 151 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	tatements may not be sold or used by any personame and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) LAURA T MCGINTY Mailing Address 327 SOUTH VILLAGE City CHADDS FORD FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	LANE State Zip Code PA 19317 C Occupation VICE PRESIDENT-PROFESSIONAL Aggregate Year-to-Date ▼ 490.00	Date of Receipt M M O O O O O O O O O O O O O O O O O
Full Name (Last, First, Middle Initial) LAURA T MCGINTY Mailing Address 327 SOUTH VILLAGE City CHADDS FORD FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)		Date of Receipt M M / D D / 2 3 2 0 1 0 Transaction ID: SA11AI.39953 Amount of Each Receipt this Period 35.00
Full Name (Last, First, Middle Initial) LAURA T MCGINTY Mailing Address 327 SOUTH VILLAGE City CHADDS FORD FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	LANE State Zip Code PA 19317 C Occupation VICE PRESIDENT-PROFESSIONAL Aggregate Year-to-Date 560.00	Date of Receipt M M O 6 O 6 2 0 1 0 Transaction ID: SA11AI.39954 Amount of Each Receipt this Period 35.00
SUBTOTAL of Receipts This Page (optional)		105.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 152/2// (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPO			
Full Name (Last, First, Middle Initial) LAURA T MCGINTY			Date of Receipt
Mailing Address 327 SOUTH VILLA	GE LANE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CHADDS FORD	State PA	Zip Code 19317	Transaction ID: SA11AI.39955 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VICE PR	n ESIDENT-PROFESSIONAL	sv
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 595.00	
Full Name (Last, First, Middle Initial) LAURA T MCGINTY	L		Date of Receipt
Mailing Address 327 SOUTH VILLA	GE LANE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CHADDS FORD	State PA	Zip Code 19317	Transaction ID: SA11Al.39956
FEC ID number of contributing federal political committee.	C	13017	Amount of Each Receipt this Period 35.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VICE PR	n ESIDENT-PROFESSIONAL	SV
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 630.00	
Full Name (Last, First, Middle Initial) LAURA T MCGINTY	<u> </u>		Date of Receipt
Mailing Address 327 SOUTH VILLA	GE LANE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CHADDS FORD	State PA	Zip Code 19317	Transaction ID: SA11AI.39957 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VICE PR	n ESIDENT-PROFESSIONAL	sv
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 665.00	
	al)		105.00

Any information copied from such Reports and Stat or for commercial purposes, other than using the ne NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORATION Full Name (Last, First, Middle Initial) PAUL J. MCGUIRE Mailing Address 280 APPLETON COURT City KENNETT SQUARE FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) PAUL J. MCGUIRE Mailing Address 280 APPLETON COURT	ame and address of any political committee to so	Date of Receipt M M J D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
PAUL J. MCGUIRE Mailing Address 280 APPLETON COURT City KENNETT SQUARE FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) PAUL J. MCGUIRE	State Zip Code PA 19348 C Occupation DIRECTOR-ELDERCARE CENTERS	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) PAUL J. MCGUIRE	Aggregate rear-to-Date •	REG
Mailing Address 280 APPLETON COURT	490.00	Date of Receipt
City KENNETT SQUARE FEC ID number of contributing federal political committee.	State Zip Code PA 19348	Transaction ID: SA11AI.39959 Amount of Each Receipt this Period 35.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼	Occupation DIRECTOR-ELDERCARE CENTERS Aggregate Year-to-Date ▼ 525.00	REG
Full Name (Last, First, Middle Initial) PAUL J. MCGUIRE Mailing Address 280 APPLETON COURT	-	Date of Receipt 0 8 0 6 2 0 1 0
City KENNETT SQUARE FEC ID number of contributing federal political committee.	State Zip Code PA 19348	Transaction ID: SA11AI.39960 Amount of Each Receipt this Period 35.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)	Occupation DIRECTOR-ELDERCARE CENTERS Aggregate Year-to-Date ▼ 560.00	REG
SUBTOTAL of Receipts This Page (optional)	360.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 154 / 2 / / (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR	RATION POLIT	ICAL ACTION COMMITTEE	<u> </u>
Full Name (Last, First, Middle Initial) PAUL J. MCGUIRE			Date of Receipt
Mailing Address 280 APPLETON CO	DURT		08 20 7 2010
City KENNETT SQUARE	State PA	Zip Code 19348	Transaction ID: SA11AI.39961 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTO	n OR-ELDERCARE CENTERS	── S REG
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 595.00	
Full Name (Last, First, Middle Initial) PAUL J. MCGUIRE			Date of Receipt
Mailing Address 280 APPLETON CC	DURT		09 03 2010
City	State	Zip Code	Transaction ID: SA11AI.39962
KENNETT SQUARE FEC ID number of contributing federal political committee.	C	19348	Amount of Each Receipt this Period 35.00
Name of Employer GENESIS HEALTH VENTURES,	Occupation	n OR-ELDERCARE CENTERS	
INC. Receipt For: Primary General Other (specify) ▼	- '	Year-to-Date ▼ 630.00	
Full Name (Last, First, Middle Initial) PAUL J. MCGUIRE			Date of Receipt
Mailing Address 280 APPLETON CC	DURT		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City KENNETT SQUARE	State PA	Zip Code 19348	Transaction ID: SA11AI.39963 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		35.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTO	n OR-ELDERCARE CENTERS	S REG
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 665.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		105.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 155 / 277 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	Statements may not be sold or used by any perse name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) WILLIAM T. MERRILL Mailing Address 131 RED HAVEN DRI City NORTH WALES FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES,	State Zip Code PA 19454 C Occupation	Date of Receipt M M M
INC. Receipt For: Primary General Other (specify) ▼	DIRECTOR-HUMAN RESOURCES Aggregate Year-to-Date ▼ 220.00	REGNL
Full Name (Last, First, Middle Initial) WILLIAM T. MERRILL Mailing Address 131 RED HAVEN DRI	VE	Date of Receipt 0 9 1 7 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.39969
NORTH WALES FEC ID number of contributing federal political committee.	PA 19454	Amount of Each Receipt this Period 20.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼	Occupation DIRECTOR-HUMAN RESOURCES Aggregate Year-to-Date 240.00	REGNL
Full Name (Last, First, Middle Initial) JOSEPH MONTGOMERY		Date of Receipt
Mailing Address 2701 BALD EAGLE C	IRCLE	07 09 2010
City	State Zip Code PA 19403	Transaction ID: SA11AI.39977
AUDUBON FEC ID number of contributing federal political committee.	PA 19403	Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	Occupation DIRECTOR-INFORMATION SYSTE Aggregate Year-to-Date 700.00	MS 2
	1	<u> </u>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 156 / 277 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	e name and ad	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOSEPH MONTGOMERY Mailing Address 2701 BALD EAGLE C	IRCLE		Date of Receipt 0 7 2 3 2 0 1 0
City AUDUBON	State PA	Zip Code 19403	Transaction ID: SA11AI.39978 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	1	n OR-INFORMATION SYSTE e Year-to-Date ▼ 750.00	MS 2
Full Name (Last, First, Middle Initial) JOSEPH MONTGOMERY Mailing Address 2701 BALD EAGLE C	IRCLE		Date of Receipt 0 8 0 6 2 0 1.0
City	State	Zip Code	Transaction ID: SA11AI.39979
AUDUBON FEC ID number of contributing federal political committee.	C	19403	Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify)		on OR-INFORMATION SYSTE e Year-to-Date ▼ 800.00	MS 2
Full Name (Last, First, Middle Initial) JOSEPH MONTGOMERY	I I I I I I I I I I I I I I I I I I I		Date of Receipt
Mailing Address 2701 BALD EAGLE C	IRCLE		08 20 2010
City AUDUBON	State PA	Zip Code 19403	Transaction ID: SA11AI.39980 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION		OR-INFORMATION SYSTE	MS 2
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 850.00	
	•		150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 157 / 277 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	e name and add	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOSEPH MONTGOMERY Mailing Address 2701 BALD EAGLE C	CIRCLE		Date of Receipt 0 9 0 3 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.39981
AUDUBON FEC ID number of contributing federal political committee.	PA C	19403	Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	1	DR-INFORMATION SYSTE P Year-to-Date 900.00	MS 2
Full Name (Last, First, Middle Initial) JOSEPH MONTGOMERY Mailing Address 2701 BALD EAGLE C	CIRCLE		Date of Receipt 0 9 1 7 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.39982
AUDUBON	PA	19403	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		n OR-INFORMATION SYSTE • Year-to-Date ▼ 950.00	MS 2
Full Name (Last, First, Middle Initial) LAUREN F MURRAY			Date of Receipt
Mailing Address 19 SHIP STREET			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City NEWBURYPORT	State MA	Zip Code 01950	Transaction ID: SA11AI.39995 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	01330	50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	_ '	IONAL SALES AND MTKG	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 700.00	
			150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 158 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) LAUREN F MURRAY Mailing Address 19 SHIP STREET City NEWBURYPORT FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General		Zip Code 01950 n IONAL SALES AND MTKG	Date of Receipt 0 7 2 3 2 0 1 0 Transaction ID: SA11AI.3996 Amount of Each Receipt this Period 50.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) LAUREN F MURRAY Mailing Address 19 SHIP STREET City NEWBURYPORT FEC ID number of contributing federal political committee.	State MA	750.00 Zip Code 01950	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)		n IONAL SALES AND MTKG e Year-to-Date ▼ 800.00	
LAUREN F MURRAY Mailing Address 19 SHIP STREET City NEWBURYPORT FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)		Zip Code 01950 n IONAL SALES AND MTKG e Year-to-Date 850.00	Date of Receipt M M 20 2010 Transaction ID: SA11AI.39998 Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional)		······	150.00

ITEMIZI	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 159 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for comm	ation copied from such Reports and State nercial purposes, other than using the reserved OF COMMITTEE (In Full) SIS HEALTHCARE CORPORAT	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A. LAUREN Mailing / City NEWB FEC ID federal p Name of GENES ATION Receipt Pr	Address 19 SHIP STREET URYPORT number of contributing political committee. Employer IS HEALTHCARE CORPOR- For: imary General her (specify)		Zip Code 01950 on IONAL SALES AND MTKG e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
B. LAUREN Mailing / City NEWB FEC ID federal p Name of GENES ATION Receipt Pr	ne (Last, First, Middle Initial) I F MURRAY Address 19 SHIP STREET URYPORT number of contributing political committee. Employer IS HEALTHCARE CORPOR- For: imary General her (specify)		Zip Code 01950 n IONAL SALES AND MTKG e Year-to-Date 950.00	Date of Receipt M M M / D D / Y Y Y Y Y O 9 1 7 2 0 1 0 Transaction ID: SA11AI.40000 Amount of Each Receipt this Period 50.00
C. KEITH N Mailing A City PHOEI FEC ID federal p Name of GENES ATION Receipt Pr	Address 5 COOPERSTOWN CO	State MD C Occupatio VP & RE	Zip Code 21131 n GIONAL CONTROLLER e Year-to-Date 700.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTA	L of Receipts This Page (optional)			150.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 160 / 277 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR	RATION POLIT	ICAL ACTION COMMITTEE	<u> </u>
Full Name (Last, First, Middle Initial) KEITH NAUSE			Date of Receipt
Mailing Address 5 COOPERSTOWN	COURT		0 7 2 3 2 0 1 0
City PHOENIX	State MD	Zip Code 21131	Transaction ID: SA11AI.40002 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP & RE	n GIONAL CONTROLLER	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) KEITH NAUSE			Date of Receipt
Mailing Address 5 COOPERSTOWN	COURT		08 06 7 2010
City PHOENIX	State MD	Zip Code 21131	Transaction ID: SA11AI.40003 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	21101	50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP & RE	n GIONAL CONTROLLER	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) KEITH NAUSE			Date of Receipt
Mailing Address 5 COOPERSTOWN	COURT		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City PHOENIX	State MD	Zip Code 21131	Transaction ID: SA11AI.40004
FEC ID number of contributing federal political committee.	C	21131	Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	- ' '	GIONAL CONTROLLER	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 850.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		150.00

	EDULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 161 / 277 (check only one) X
or for co	mmercial purposes, other than using the E OF COMMITTEE (In Full)	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NESIS HEALTHCARE CORPORATION Name (Last, First, Middle Initial)	TION POLIT	TOAL ACTION COMMITTEE	<u>-</u>
. KEIT	H NAUSE ng Address 5 COOPERSTOWN C	OURT		Date of Receipt
City		State	Zip Code	0 9 0 3 2 0 1 0 Transaction ID: SA11AI.40005
PHO	DENIX	MD	21131	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		50.00
Name GEN ATIC	e of Employer ESIS HEALTHCARE CORPOR- IN	Occupation VP & RE	n GIONAL CONTROLLER	
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 900.00	
	Name (Last, First, Middle Initial) H NAUSE			Date of Receipt
Mailir	ng Address 5 COOPERSTOWN C	OURT		0 9 1 7 2 0 1 0
City		State	Zip Code	Transaction ID: SA11Al.40006
PHC	DENIX	MD	21131	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		50.00
<u>ATIC</u>			GIONAL CONTROLLER	
Rece	ipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 950.00	
	Name (Last, First, Middle Initial) DRES M NELSON			Date of Receipt
Mailir 	ng Address 50 GARLAND STREE	Т		0 8 2 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SPF	RINGFIELD	State MA	Zip Code 01118	Transaction ID: SA11AI.40010 Amount of Each Receipt this Period
	ID number of contributing al political committee.	С		12.00
<u>ATIC</u>			ER-CLINICAL REIMBURSE	мемт
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 204.00	
QUIDTO	TAL of Receipts This Page (optional)	1		112.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 162 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal the name and address of any political committee to satisfy Political ACTION COMMITTEE	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DOLORES M NELSON Mailing Address 50 GARLAND STRE City SPRINGFIELD FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPOR-	State Zip Code MA 01118 C Occupation	Date of Receipt M M M O 9 O 3 2 0 1 0 Transaction ID: SA11AI.40011 Amount of Each Receipt this Period 12.00
GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	MANAGER-CLINICAL REIMBURSEN Aggregate Year-to-Date ▼ 216.00	<u>∕IE</u> NT
Full Name (Last, First, Middle Initial) DOLORES M NELSON Mailing Address 50 GARLAND STRE City	EET State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
SPRINGFIELD FEC ID number of contributing federal political committee.	MA 01118	Amount of Each Receipt this Period 12.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	Occupation MANAGER-CLINICAL REIMBURSEN Aggregate Year-to-Date 228.00	<u>ΛΕ</u> ΝΤ
Full Name (Last, First, Middle Initial) THOMAS P. O'DONNELL Mailing Address 78 ST.DAVIDS ROA	ND	Date of Receipt 0 7 0 9 2 0 1 0
City SPRINGFIELD	State Zip Code PA 19064	Transaction ID: SA11AI.40019 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		40.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	Occupation DIRECTOR-FINANCIAL ANALYSIS I Aggregate Year-to-Date 560.00]
SUBTOTAL of Receipts This Page (optional))	64.00

П	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS ny information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 163 / 277 (check only one) X
Oi	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	name and ad	dress of any political committee to	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) THOMAS P. O'DONNELL Mailing Address 78 ST.DAVIDS ROAD City SPRINGFIELD FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State PA C Occupation	Zip Code 19064 on OR-FINANCIAL ANALYSIS e Year-to-Date ▼ 600.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) THOMAS P. O'DONNELL Mailing Address 78 ST.DAVIDS ROAD City SPRINGFIELD FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State PA C Occupation DIRECT	Zip Code 19064 on OR-FINANCIAL ANALYSIS e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 8 O 6 2 0 1 0 Transaction ID: SA11AI.40021 Amount of Each Receipt this Period 40.00
	Full Name (Last, First, Middle Initial) THOMAS P. O'DONNELL Mailing Address 78 ST.DAVIDS ROAD City SPRINGFIELD FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State PA C Occupation DIRECT	Zip Code 19064 on OR-FINANCIAL ANALYSIS e Year-to-Date ▼ 680.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5	SUBTOTAL of Receipts This Page (optional)			120.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 164 / 277 (check only one) X 11a
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to ATION POLITICAL ACTION COMMITTEE	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) THOMAS P. O'DONNELL Mailing Address 78 ST.DAVIDS ROAL		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SPRINGFIELD FEC ID number of contributing federal political committee.	State Zip Code PA 19064 C	Transaction ID: SA11AI.40023 Amount of Each Receipt this Period 40.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	Occupation DIRECTOR-FINANCIAL ANALYSIS I Aggregate Year-to-Date 720.00	
Full Name (Last, First, Middle Initial) THOMAS P. O'DONNELL Mailing Address 78 ST.DAVIDS ROAI City SPRINGFIELD FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	D State Zip Code PA 19064 C Occupation DIRECTOR-FINANCIAL ANALYSIS I Aggregate Year-to-Date ▼ 760.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) ARTHUR L O'LEARY Mailing Address 79 BROAD STREET		Date of Receipt 0 7 0 9 2 0 1 0
City HOLLIS FEC ID number of contributing federal political committee.	State Zip Code NH 03049	Transaction ID: SA11AI.40025 Amount of Each Receipt this Period 40.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation VP OPERATIONS Aggregate Year-to-Date ▼ 560.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	120.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 165 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal part of the name and address of any political committee to TION POLITICAL ACTION COMMITTEE	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ARTHUR L O'LEARY Mailing Address 79 BROAD STREET		Date of Receipt 0 7 2 3 2 0 1 0
City HOLLIS FEC ID number of contributing	State Zip Code NH 03049	Transaction ID: SA11AI.40026 Amount of Each Receipt this Period
Receipt For: Primary Other (specify) Gederal political committee. Name of Employer GENESIS HEALTHCARE CORPOR- ATION General Other (specify) ▼	Occupation VP OPERATIONS Aggregate Year-to-Date ▼ 600.00	40.00
Full Name (Last, First, Middle Initial) ARTHUR L O'LEARY Mailing Address 79 BROAD STREET City HOLLIS FEC ID number of contributing federal political committee. Name of Employer	State Zip Code NH 03049 C	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	VP OPERATIONS Aggregate Year-to-Date ▼ 640.00	
Full Name (Last, First, Middle Initial) ARTHUR L O'LEARY Mailing Address 79 BROAD STREET		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City HOLLIS FEC ID number of contributing federal political committee.	State Zip Code NH 03049	Transaction ID: SA11AI.40028 Amount of Each Receipt this Period 40.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify)	Occupation VP OPERATIONS Aggregate Year-to-Date 680.00	
SUBTOTAL of Receipts This Page (optional)		120.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 166 / 277 (check only one) X 11a 11b 11c 12
(Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	TION POLIT	TICAL ACTION COMMITTEE	•
۸.	Full Name (Last, First, Middle Initial) ARTHUR L O'LEARY Mailing Address 70 DDC AD CTREET			Date of Receipt
	Mailing Address 79 BROAD STREET			09 03 2010
	City	State	Zip Code	Transaction ID: SA11AI.40029
	HOLLIS	NH	03049	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION		RATIONS	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 720.00	
_	Full Name (Last, First, Middle Initial) ARTHUR L O'LEARY			Date of Receipt
-	Mailing Address 79 BROAD STREET			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.40030
	HOLLIS	NH	03049	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio VP OPE	n RATIONS	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 760.00	1
_	Full Name (Last, First, Middle Initial)			
•	MARY M. PERKINS Mailing Address 16835 PEMBROKE R	OAD		Date of Receipt M M D D Y Y Y Y Y Y Y Y
	City LEWES	State DE	Zip Code 19958	Transaction ID: SA11AI.40057 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio DIRECT(n OR-QUALITY	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional)		__	105.00
- ⊢			·	_

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 167 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal person	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MARY M. PERKINS Mailing Address 16835 PEMBROKE R City LEWES FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary Other (specify)	OAD State Zip Code DE 19958 C Occupation DIRECTOR-QUALITY Aggregate Year-to-Date 375.00	Date of Receipt M M M / D D / Y Y Y Y Y O 7 2 3 2 0 1 0 Transaction ID: SA11AI.40058 Amount of Each Receipt this Period 25.00
Full Name (Last, First, Middle Initial) MARY M. PERKINS Mailing Address 16835 PEMBROKE R City LEWES FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	OAD State Zip Code DE 19958 C Occupation DIRECTOR-QUALITY Aggregate Year-to-Date 400.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) MARY M. PERKINS Mailing Address 16835 PEMBROKE R City LEWES FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip Code DE 19958 C Occupation DIRECTOR-QUALITY Aggregate Year-to-Date 425.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		75.00

	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 168 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commerci	al purposes, other than using the OMMITTEE (In Full)	name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (I MARY M. PE Mailing Addr	.ast, First, Middle Initial) RKINS	DAD		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ber of contributing	State DE C	Zip Code 19958	Transaction ID: SA11AI.40061 Amount of Each Receipt this Period 25.00
Name of Em GENESIS F ATION Receipt For:		Occupation DIRECTO	n DR-QUALITY • Year-to-Date ▼ 450.00]
Full Name (L MARY M. PE Mailing Addr		OAD		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.40062
	ber of contributing cal committee.	DE C	19958	Amount of Each Receipt this Period 25.00
ATION	ployer EALTHCARE CORPOR-		OR-QUALITY	
Receipt For: Primar Other		Aggregate	e Year-to-Date ▼ 475.00]
Full Name (l JEANNE PHI Mailing Addr		NVILLE RD		Date of Receipt 0 7 0 9 2 0 1 0
City	FOTED	State	Zip Code	Transaction ID: SA11AI.40081
	ber of contributing cal committee.	C	19382	Amount of Each Receipt this Period 175.00
Name of Em GENESIS H ATION Receipt For:	ployer EALTHCARE CORPOR-	r'	ESIDENT-RISK MANAGEM	ENT
Primar		Aggregate	Year-to-Date ▼ 2450.00	
	Receipts This Page (optional)	1		225.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 169 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	ne name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JEANNE PHILLIPS Mailing Address 1816 LENAPE -UNIC	NVII I F RD		Date of Receipt
City	State	Zip Code	0 7 2 3 2 0 1 0 Transaction ID: SA11AI.40082
WEST CHESTER	PA	19382	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		175.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	1	ESIDENT-RISK MANAGEM	ENT.
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2625.00]
Full Name (Last, First, Middle Initial) JEANNE PHILLIPS			Date of Receipt
Mailing Address 1816 LENAPE -UNIC	NVILLE RD		0 8 0 6 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.40083
WEST CHESTER	PA	19382	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		175.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VICE PR	n ESIDENT-RISK MANAGEM	— <u>E</u> NT
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2800.00	
Full Name (Last, First, Middle Initial) JEANNE PHILLIPS			Date of Receipt
Mailing Address 1816 LENAPE -UNIC	NVILLE RD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City WEST CHESTER	State PA	Zip Code 19382	Transaction ID: SA11AI.40084 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		175.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION		ESIDENT-RISK MANAGEM	ENT
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2975.00]
SUBTOTAL of Receipts This Page (optional)			525.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 170 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	e name and addre	ess of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JEANNE PHILLIPS Mailing Address 1816 LENAPE -UNIO	NVILLE RD		Date of Receipt 0 9 0 3 2 0 1 0
City WEST CHESTER	State PA	Zip Code 19382	Transaction ID: SA11AI.40085 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		175.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼		SIDENT-RISK MANAGEM ear-to-Date ▼ 3150.00	ENT
Full Name (Last, First, Middle Initial) JEANNE PHILLIPS Mailing Address 1816 LENAPE -UNIO	NVILLE RD		Date of Receipt 0 9 1 7 2 0 1 0
City	State	Zip Code	Transaction ID: SA11Al.40086
WEST CHESTER	PA	19382	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		175.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	,	SIDENT-RISK MANAGEM ear-to-Date ▼ 3325.00	ENT
Full Name (Last, First, Middle Initial) THOMAS E.J. QUINN	·		Date of Receipt
Mailing Address 45 PROSPECT STRE	ET		07 09 YYYY 2010
City	State	Zip Code	Transaction ID: SA11AI.40100
TERRYVILLE FEC ID number of contributing federal political committee.	CT	06786	Amount of Each Receipt this Period 35.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP OPERA	ATIONS	
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 490.00	
SUBTOTAL of Receipts This Page (optional)			385.00
TOTAL This Period (last page this line number	only)		

Mailing Address 45 PROSPECT STREET City TERRYVILLE CT 06786 FEC ID number of contributing federal political committee. CC Name of Employer GENESIS HEALTHCARE CORPORATIONS Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) TERRYVILLE CT 06786 FEC ID number of contributing federal political committee. Date of Receipt M M M J 2 3 1 Y 2 0 1 0 Transaction ID: SA11AI.40101 Amount of Each Receipt this Period Ccupation VP OPERATIONS Aggregate Year-to-Date ▼ Date of Receipt M M M J 0 3 1 Z 0 1 0 Transaction ID: SA11AI.40102 Transaction ID: SA11AI.40102 Amount of Each Receipt this Period Ccity Transaction ID: SA11AI.40102 Transaction ID: SA11AI.40102 Amount of Each Receipt this Period Ccity Transaction ID: SA11AI.40102 Transaction ID: SA11AI.40102 Amount of Each Receipt this Period Ccity Transaction ID: SA11AI.40102 Aggregate Year-to-Date ▼ Date of Receipt M M M J 0 3 1 Z 0 1 0 Transaction ID: SA11AI.40102 Transaction ID: SA		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 171 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A. Full Name (Last, First, Middle Initial) THOMAS EJ. QUINN Mailing Address 45 PROSPECT STREET City State Zip Code TERRYVILLE CT 05786 FEC (D number of contributing federal political committee. CT 05786 Full Name (Last, First, Middle Initial) THOMAS EJ. QUINN Mailing Address 45 PROSPECT STREET City Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) THOMAS EJ. QUINN Mailing Address 45 PROSPECT STREET City State Zip Code TERRYVILLE CT 05786 FEC (D number of contributing federal political committee. C 1 Date of Receipt Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) THOMAS EJ. QUINN Mailing Address 45 PROSPECT STREET City State Zip Code TERRYVILLE CT 05786 FEC (D number of contributing federal political committee. Other (specify) ▼ Full Name (Last, First, Middle Initial) THOMAS EJ. QUINN Mailing Address 45 PROSPECT STREET City State Zip Code Transaction ID: SA11AI.40102 Amount of Each Receipt this Period Transaction ID: SA11AI.40102 Transaction ID: SA11AI.40102 Amount of Each Receipt this Period Transaction ID: SA11AI.40103 Transaction ID: SA11AI.40103 Amount of Each Receipt this Period Transaction ID: SA11AI.40103 Transaction ID: SA11AI.40103 Transaction ID: SA11AI.40103 Transaction ID: SA11AI.40103 Amount of Each Receipt this Period Transaction ID: SA11AI.40103 Transaction ID: SA11AI.40103 Amount of Each Receipt this Period Transaction ID: SA11AI.40103 Transa		or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 172 / 277 (check only one) X
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			on for the purpose of soliciting contributions o solicit contributions from such committee.
	GENESIS HEALTHCARE CORPORA Full Name (Last, First, Middle Initial)	TION POLIT	TICAL ACTION COMMITTEE	: -
	JOHN C RALEY Mailing Address 3810 DONERIN WAY	,		Date of Receipt
	City	State	Zip Code	0 7 0 9 2 0 1 0 Transaction ID: SA11AI.40104
	PHOENIX	MD	21131	Amount of Each Receipt this Period
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	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VICE PR	n ESIDENT-REGNL HUMAN	── R∉S
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		700.00	
	Full Name (Last, First, Middle Initial) JOHN C RALEY			Date of Receipt
	Mailing Address 3810 DONERIN WAY	,		07 23 YYYY 2010
	City	State	Zip Code	Transaction ID: SA11AI.40105
	PHOENIX	MD	21131	Amount of Each Receipt this Period
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	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VICE PR	n ESIDENT-REGNL HUMAN	RES
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		750.00	
	Full Name (Last, First, Middle Initial) JOHN C RALEY			Date of Receipt
	Mailing Address 3810 DONERIN WAY	•		0 8 0 6 2 0 1 0
	City PHOENIX	State MD	Zip Code	Transaction ID: SA11AI.40106
	FEC ID number of contributing federal political committee.	C	21131	Amount of Each Receipt this Period 50.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VICE PR	n RESIDENT-REGNL HUMAN	RES
	Receipt For:	, '	e Year-to-Date ▼	
	Primary General Other (specify) ▼		800.00	
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	Check only one
Any information copied from such Reports and Stat or for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORATION	ON POLIT	ICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) JOHN C RALEY Mailing Address 3810 DONERIN WAY			Date of Receipt
City	State	Zip Code	0 8 2 0 2 0 1 0 Transaction ID: SA11AI.40107
PHOENIX	MD	21131	Amount of Each Receipt this Period
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Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VICE PR	n ESIDENT-REGNL HUMAN I	RES
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 850.00	
Full Name (Last, First, Middle Initial) JOHN C RALEY			Date of Receipt
Mailing Address 3810 DONERIN WAY	01-1-	7'. O. d.	09 03 2010
City <u>PHOENIX</u>	State MD	Zip Code 21131	Transaction ID: SA11AI.40108 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VICE PR	n ESIDENT-REGNL HUMAN I	RES
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) JOHN C RALEY			Date of Receipt
Mailing Address 3810 DONERIN WAY			09 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.40109
PHOENIX FEC ID number of contributing federal political committee.	MD C	21131	Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION		ESIDENT-REGNL HUMAN F	RES
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 950.00	
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A .	or for commercial purposes, other than using the reservoir for commercial purposes, other than using the reservoir for commercial purposes, other than using the reservoir for commercial purposes. NAME OF COMMITTEE (In Full) Full Name (Last, First, Middle Initial) RICHARD JAY RASKIN Mailing Address 156 REVERKNOLLS			Date of Receipt 0 7 0 9 2 0 1 0
	City AVON FEC ID number of contributing federal political committee.	State CT	Zip Code 06001	Transaction ID: SA11AI.40110 Amount of Each Receipt this Period 50.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	1	IONAL MEDICAL DIRECTOR e Year-to-Date ▼ 700.00	3
В.	Full Name (Last, First, Middle Initial) RICHARD JAY RASKIN Mailing Address 156 REVERKNOLLS City AVON FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify) ▼	-	Zip Code 06001 on IONAL MEDICAL DIRECTOR e Year-to-Date 750.00	Date of Receipt M M M / 23 2010 Transaction ID: SA11AI.40111 Amount of Each Receipt this Period 50.00
_ С.	Full Name (Last, First, Middle Initial) RICHARD JAY RASKIN Mailing Address 156 REVERKNOLLS City AVON FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify) Other (specify)	-	Zip Code 06001 on IONAL MEDICAL DIRECTOR e Year-to-Date 800.00	Date of Receipt M M M / D D / Y Y Y Y Y O 8 2 0 1 0 Transaction ID: SA11AI.40112 Amount of Each Receipt this Period 50.00
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RICH	lame (Last, First, Middle Initial) ARD JAY RASKIN			Date of Receipt
City	g Address 156 REVERKNOLLS	State	Zip Code	M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<u>AVO</u>	N	CT	06001	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		50.00
<u>ATIO</u>		Occupatio VP-REG	n IONAL MEDICAL DIRECTOR	R
Recei	pt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 850.00	
RICH	lame (Last, First, Middle Initial) ARD JAY RASKIN			Date of Receipt
	g Address 156 REVERKNOLLS			09 / 03 / 2010
City		State	Zip Code	Transaction ID: SA11Al.40114
<u>AVO</u>	N	<u>CT</u>	06001	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		50.00
<u>ATIO</u>		, '	IONAL MEDICAL DIRECTOR	3
	pt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		900.00	
RICH	lame (Last, First, Middle Initial) ARD JAY RASKIN	•		Date of Receipt
Mailin ———	g Address 156 REVERKNOLLS			09 17 2010
City		State	Zip Code	Transaction ID: SA11AI.40115
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	ID number of contributing al political committee.	С		50.00
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	Other (specify) ▼		950.00	
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 176 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any or f	r information copied from such Reports and S or commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORAT	TION POLIT	TICAL ACTION COMMITTEE	
۱.	Full Name (Last, First, Middle Initial) SUSAN REAGAN			Date of Receipt
	Mailing Address 1364 FOX RIDGE	Chaha	7'o Code	07 09 2010
	City EASTON	State PA	Zip Code 18040	Transaction ID: SA11AI.40122 Amount of Each Receipt this Period
•	FEC ID number of contributing federal political committee.	С		34.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	. '	n OR-REGIONAL MARKETING e Year-to-Date ▼ 476.00	
3.	Full Name (Last, First, Middle Initial) SUSAN REAGAN			Date of Receipt
	Mailing Address 1364 FOX RIDGE			07 23 2010
	City	State	Zip Code	Transaction ID: SA11AI.40123
	EASTON	PA	18040	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		34.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio DIRECT(ⁿ OR-REGIONAL MARKETINO	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify) ▼	0 0	510.00	
	Full Name (Last, First, Middle Initial) SUSAN REAGAN			Date of Receipt
	Mailing Address 1364 FOX RIDGE			08 06 2010
	City	State	Zip Code	Transaction ID: SA11AI.40124
•	EASTON FEC ID number of contributing federal political committee.	C	18040	Amount of Each Receipt this Period 34.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio DIRECT	n OR-REGIONAL MARKETING	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	0 0	544.00	
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 177 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	statements may not be sold or used by any person name and address of any political committee to TION POLITICAL ACTION COMMITTEE	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) SUSAN REAGAN Mailing Address 1364 FOX RIDGE City EASTON FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip Code PA 18040 C Occupation DIRECTOR-REGIONAL MARKETING Aggregate Year-to-Date 578.00	Date of Receipt M M / D D / Y Y Y Y Y O 8 2 0 1 0 Transaction ID: SA11AI.40125 Amount of Each Receipt this Period 34.00
Full Name (Last, First, Middle Initial) SUSAN REAGAN Mailing Address 1364 FOX RIDGE City EASTON FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip Code PA 18040 C Occupation DIRECTOR-REGIONAL MARKETING Aggregate Year-to-Date 612.00	Date of Receipt M M M / D D / 2 0 1 0 Transaction ID: SA11AI.40126 Amount of Each Receipt this Period 34.00
Full Name (Last, First, Middle Initial) SUSAN REAGAN Mailing Address 1364 FOX RIDGE City EASTON FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip Code PA 18040 C Occupation DIRECTOR-REGIONAL MARKETING Aggregate Year-to-Date 646.00	Date of Receipt M M M / D D / Y Y Y Y Y O 9 1 7 2 0 1 0 Transaction ID: SA11AI.40127 Amount of Each Receipt this Period 34.00
SUBTOTAL of Receipts This Page (optional)		102.00

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Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR	RATION POLIT	ICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) RICHARD REILLY			Date of Receipt
Mailing Address 130 DEEP HOLLOV	W ROAD		07 09 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City KING OF PRUSSIA	State PA	Zip Code 19406	Transaction ID: SA11AI.40128 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation ASSOCIA	n ATE COUNSEL	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 560.00	
Full Name (Last, First, Middle Initial) RICHARD REILLY			Date of Receipt
Mailing Address 130 DEEP HOLLOV	W ROAD		0 7 2 3 Y Y Y Y Y
City	State PA	Zip Code	Transaction ID: SA11AI.40129
KING OF PRUSSIA FEC ID number of contributing federal political committee.	C	19406	Amount of Each Receipt this Period 40.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation	n ATE COUNSEL	
Receipt For: Primary General Other (specify) ▼	- + ·	Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) RICHARD REILLY			Date of Receipt
Mailing Address 130 DEEP HOLLOV	W ROAD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City KING OF PRUSSIA	State PA	Zip Code 19406	Transaction ID: SA11AI.40130 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation ASSOCIA	n ATE COUNSEL	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 640.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		120.00

Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	v not be sold or used by any pers	•
/ GENESIS REALTROAME CONFORA	TION POLIT	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) RICHARD REILLY Mailing Address 130 DEEP HOLLOW City	ROAD State	Zip Code	Date of Receipt M M
KING OF PRUSSIA FEC ID number of contributing federal political committee.	PA C	19406	Amount of Each Receipt this Period 40.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼		ATE COUNSEL e Year-to-Date ▼ 680.00	
Full Name (Last, First, Middle Initial) RICHARD REILLY Mailing Address 130 DEEP HOLLOW	ROAD		Date of Receipt 0 9 0 3 2 0 1 0
City KING OF PRUSSIA	State PA	Zip Code 19406	Transaction ID: SA11AI.40132 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼		ATE COUNSEL e Year-to-Date ▼ 720.00	
Full Name (Last, First, Middle Initial) RICHARD REILLY	0 0		Date of Receipt
Mailing Address 130 DEEP HOLLOW	ROAD		0 9
City KING OF PRUSSIA	State PA	Zip Code 19406	Transaction ID: SA11AI.40133 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupatio ASSOCI	n ATE COUNSEL	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 760.00	
SUBTOTAL of Receipts This Page (optional) .	•		120.00

ITEMIZED	RECEIPTS	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 180 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
or for commerci	ial purposes, other than using the	e name and ad	dress of any political committee to	solicit contributions from such committee.
Full Name (I ROBERT A F		DRIVE		Date of Receipt
City COCKEYS	2// E	State MD	Zip Code 21030	0 7 0 9 2 0 1 0 Transaction ID: SA11AI.40134
FEC ID num	ber of contributing cal committee.	C	21030	Amount of Each Receipt this Period
INC. Receipt For: Prima			ENT-DIVISIONAL e Year-to-Date 2100.00	
Full Name (I ROBERT A F Mailing Add		DRIVE		Date of Receipt 0 7 2 3 2 0 1 0
	SVILLE sber of contributing cal committee.	State MD	Zip Code 21030	Transaction ID: SA11AI.40135 Amount of Each Receipt this Period 150.00
INC. Receipt For: Prima			e Year-to-Date ▼ 2250.00	
Full Name (I ROBERT A F Mailing Addi		DRIVE		Date of Receipt
City COCKEYS		State MD	Zip Code 21030	Transaction ID: SA11AI.40136 Amount of Each Receipt this Period
	nber of contributing cal committee.	C		150.00
INC. Receipt For: Primar			n ENT-DIVISIONAL e Year-to-Date ▼ 2400.00	
SUBTOTAL of	f Receipts This Page (optional) .			450.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 181 / 277 (check only one) X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORATION OF THE PROPERTY OF	name and ad	dress of any political committee to	solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) ROBERT A REITZ			Date of Receipt
	Mailing Address 13005 JEROME JAY D	DRIVE		0 8 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City COCKEYSVILLE	State MD	Zip Code 21030	Transaction ID: SA11AI.40137 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	21000	150.00
	Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼		ENT-DIVISIONAL e Year-to-Date ▼ 2550.00]
- В.	Full Name (Last, First, Middle Initial) ROBERT A REITZ Mailing Address 13005 JEROME JAY [DRIVE		Date of Receipt
)		09 03 2010
	City COCKEYSVILLE	State MD	Zip Code	Transaction ID: SA11AI.40138
	FEC ID number of contributing federal political committee.	C	21030	Amount of Each Receipt this Period 150.00
	Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼		n ENT-DIVISIONAL e Year-to-Date ▼ 2700.00	
- С.	Full Name (Last, First, Middle Initial) ROBERT A REITZ			Date of Receipt
O .	Mailing Address 13005 JEROME JAY D	DRIVE		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.40139
	COCKEYSVILLE FEC ID number of contributing federal political committee.	C	21030	Amount of Each Receipt this Period 150.00
	Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	. '	n ENT-DIVISIONAL e Year-to-Date ▼ 2850.00	
	SUBTOTAL of Receipts This Page (optional)			450.00
	TOTAL This Period (last page this line number	only)		

ITEMIZED	LE A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 182 / 277 (check only one) X 11a
or for commerc	ial purposes, other than using the COMMITTEE (In Full)	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
GENESIS	HEALTHCARE CORPORA	HON POLH	ICAL ACTION COMMITTEE	<u> </u>
A. PAUL RICKE	Last, First, Middle Initial) ERSHAUSER ress 5 SUNSET COURT			Date of Receipt
	9 00 NOE 1 000 N1			07 09 2010
City	D	State	Zip Code	Transaction ID: SA11AI.40140
MEDFORI	nber of contributing	NJ	08055	Amount of Each Receipt this Period
	ical committee.	C		20.00
Name of Em GENESIS H ATION	nployer HEALTHCARE CORPOR-	Occupatio DIRECT(n OR-HUMAN RESOURCES I	REGNL
Receipt For:		Aggregate	e Year-to-Date ▼	
Primal Other	ry ☐ General (specify) ♥		280.00]
	Last, First, Middle Initial) ERSHAUSER			Date of Receipt
Mailing Add	ress 5 SUNSET COURT			0 7 2 3 Y Y Y Y Y Y
City	_	State	Zip Code	Transaction ID: SA11AI.40141
MEDFORI		NJ	08055	Amount of Each Receipt this Period
	nber of contributing ical committee.	C		20.00
Name of Em GENESIS H ATION	nployer HEALTHCARE CORPOR-	Occupatio DIRECT	n OR-HUMAN RESOURCES I	TEGNL
Receipt For:		Aggregate	e Year-to-Date 🔻	
Primal Other	ry ☐ General (specify) ♥		300.00	
,	Last, First, Middle Initial) ERSHAUSER			Date of Receipt
Mailing Add	ress 5 SUNSET COURT			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.40142
<u>MEDFORI</u>		NJ	08055	Amount of Each Receipt this Period
	nber of contributing ical committee.	C		20.00
ATION	nployer HEALTHCARE CORPOR-	Occupatio DIRECT(n OR-HUMAN RESOURCES I	REGNL
Receipt For: Prima		Aggregate	e Year-to-Date ▼	-
	(specify) ▼		320.00	
SUBTOTAL o	of Receipts This Page (optional)			60.00
	Period (last page this line number		•	

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 183 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORATE	name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) PAUL RICKERSHAUSER Mailing Address 5 SUNSET COURT City MEDFORD FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General	State Zip Code NJ 08055 C Occupation DIRECTOR-HUMAN RESOURCES Aggregate Year-to-Date 340.00	Date of Receipt M M M / 20 / 2010 Transaction ID: SA11AI.40143 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) PAUL RICKERSHAUSER Mailing Address 5 SUNSET COURT City MEDFORD FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip Code NJ 08055 C Occupation DIRECTOR-HUMAN RESOURCES Aggregate Year-to-Date 360.00	Date of Receipt M M O D D O O O O O O O O O O O O O O O
Full Name (Last, First, Middle Initial) PAUL RICKERSHAUSER Mailing Address 5 SUNSET COURT City MEDFORD FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip Code NJ 08055 C Occupation DIRECTOR-HUMAN RESOURCES Aggregate Year-to-Date 380.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 184 / 277 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORATION OF THE PROPERTY OF THE PURPOSE OF THE PURPOSE OF THE PURPOSE OF T			on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CAROL ROHRBAUGH			Date of Receipt
Mailing Address 1749 PRESCOTT ROA	AD		07 09 2010
City	State	Zip Code	Transaction ID: SA11AI.40146
YORK	PA	17403	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		63.46
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio VP-ARE	n A SALES & MARKETING	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 888.44	
Full Name (Last, First, Middle Initial) CAROL ROHRBAUGH			Date of Receipt
Mailing Address 1749 PRESCOTT ROA	AD		07 23 7 2010
City	State	Zip Code	Transaction ID: SA11AI.40147
YORK	PA	17403	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		63.46
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio VP-ARE	n A SALES & MARKETING	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 951.90	
Full Name (Last, First, Middle Initial) CAROL ROHRBAUGH			Date of Receipt
Mailing Address 1749 PRESCOTT ROA	AD		0 8
City	State	Zip Code	Transaction ID: SA11AI.40148
YORK FEC ID number of contributing federal political committee.	C	17403	Amount of Each Receipt this Period 63.46
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio VP-ARE	n A SALES & MARKETING	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1015.36	
SUBTOTAL of Receipts This Page (optional)			190.38

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 185 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may not be sold or used by any per e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	TION POLITICAL ACTION COMMITTE	EE
Full Name (Last, First, Middle Initial) CAROL ROHRBAUGH		Date of Receipt
Mailing Address 1749 PRESCOTT RO		08 20 2010
City YORK	State Zip Code PA 17403	Transaction ID: SA11AI.40149 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	63.46
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-AREA SALES & MARKETING	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1078.82	
Full Name (Last, First, Middle Initial) CAROL ROHRBAUGH		Date of Receipt
Mailing Address 1749 PRESCOTT RO	PAD	$\begin{bmatrix} M & M & / & D & D & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$
City	State Zip Code	Transaction ID: SA11AI.40150
YORK FEC ID number of contributing federal political committee.	PA 17403	Amount of Each Receipt this Period 63.46
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-AREA SALES & MARKETING	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1142.28	
Full Name (Last, First, Middle Initial) CAROL ROHRBAUGH	1	Date of Receipt
Mailing Address 1749 PRESCOTT RO	AD	0 9 1 7 2 0 1 0
City YORK	State Zip Code PA 17403	Transaction ID: SA11AI.40151 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	63.46
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-AREA SALES & MARKETING	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1205.74	
CUPTOTAL (D. 11. TU D. 11. IV.		190.38

Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORAT Full Name (Last, First, Middle Initial) CRAIG S. ROWLEY Mailing Address 15 RUTLAND STREET City DOVER	name and add	ress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CRAIG S. ROWLEY Mailing Address 15 RUTLAND STREET City		CAL ACTION COMMITTEE	
CRAIG S. ROWLEY Mailing Address 15 RUTLAND STREET City			Date of Receipt
	State		M M / D D / Y Y Y Y
		Zip Code	0 7 0 9 2 0 1 0 Transaction ID: SA11AI.40170
	NH	03820	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTO	PR-ELDERCARE CENTERS	── SIREG
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00]
Full Name (Last, First, Middle Initial) CRAIG S. ROWLEY			Date of Receipt
Mailing Address 15 RUTLAND STREET	•		07 23 7 2010
City	State NH	Zip Code	Transaction ID: SA11AI.40171
DOVER FEC ID number of contributing federal political committee.	C	03820	Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General	-	PR-ELDERCARE CENTERS Year-to-Date ▼	B REG
Other (specify) ▼		750.00	
Full Name (Last, First, Middle Initial) CRAIG S. ROWLEY			Date of Receipt
Mailing Address 15 RUTLAND STREET	-		08 06 2010
City DOVER	State NH	Zip Code 03820	Transaction ID: SA11AI.40172 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTH VENTURES, INC.		R-ELDERCARE CENTERS	REG
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00	
SUBTOTAL of Receipts This Page (optional)			150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 187 / 277 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	e name and add	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CRAIG S. ROWLEY Mailing Address 15 RUTLAND STREE City DOVER FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES,	State NH C	Zip Code 03820 1 DR-ELDERCARE CENTER	Date of Receipt M M
INC. Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 850.00	
Full Name (Last, First, Middle Initial) CRAIG S. ROWLEY Mailing Address 15 RUTLAND STREE City	T State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
DOVER FEC ID number of contributing federal political committee.	NH C	03820	Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼		DR-ELDERCARE CENTER: Year-to-Date ▼ 900.00	S REG
Full Name (Last, First, Middle Initial) CRAIG S. ROWLEY Mailing Address 15 RUTLAND STREE	T		Date of Receipt
City DOVER	State NH	Zip Code 03820	Transaction ID: SA11AI.40175 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	-, '	n DR-ELDERCARE CENTER: Year-to-Date ▼ 950.00	S REG
SUBTOTAL of Receipts This Page (optional) .	•		150.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 188 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to RATION POLITICAL ACTION COMMITTEE	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) THOMAS RUSSO Mailing Address 561 KING ST City SOUTH WINDSOR FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General	State Zip Code CT 06074 C Occupation ADMINISTRATOR Aggregate Year-to-Date 503.87	Date of Receipt M M M / D D / Y Y Y Y Y O 7 D D / Y 2 D 1 D Transaction ID: SA11AI.40183 Amount of Each Receipt this Period 19.39
Full Name (Last, First, Middle Initial) THOMAS RUSSO Mailing Address 561 KING ST City SOUTH WINDSOR FEC ID number of contributing federal political committee.	State Zip Code CT 06074	Date of Receipt 0 7 0 9 2 0 1 0 Transaction ID: SA11AI.40184 Amount of Each Receipt this Period 19.39
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	Occupation ADMINISTRATOR Aggregate Year-to-Date 523.26	
Full Name (Last, First, Middle Initial) THOMAS RUSSO Mailing Address 561 KING ST City SOUTH WINDSOR FEC ID number of contributing federal political committee.	State Zip Code CT 06074	Date of Receipt M M M
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	Occupation ADMINISTRATOR Aggregate Year-to-Date 542.65	
SUBTOTAL of Receipts This Page (optional	l) >	58.17

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 189 / 277 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)		rson for the purpose of soliciting contributions to solicit contributions from such committee.
GENESIS HEALTHCARE CORPORA Full Name (Last, First, Middle Initial)	TION POLITICAL ACTION COMMITTE	ΞΕ
THOMAS RUSSO		Date of Receipt
Mailing Address 561 KING ST	Ctata 7in Code	07 23 2010
City SOUTH WINDSOR	State Zip Code CT 06074	Transaction ID: SA11AI.40186 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.39
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation ADMINISTRATOR	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 562.04	
Full Name (Last, First, Middle Initial) THOMAS RUSSO	I	Date of Receipt
Mailing Address 561 KING ST		07 30 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.40187
SOUTH WINDSOR	CT 06074	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.39
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation ADMINISTRATOR	
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Other (specify)	581.43	
Full Name (Last, First, Middle Initial) THOMAS RUSSO	1	Date of Receipt
Mailing Address 561 KING ST		0 8 0 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.40188
SOUTH WINDSOR	CT 06074	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.39
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation ADMINISTRATOR	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.82	
SURTOTAL of Receipts This Page (optional)		58.17

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 190 / 277 (check only one) X 11a
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to RATION POLITICAL ACTION COMMITTEE	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) THOMAS RUSSO Mailing Address 561 KING ST City	State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SOUTH WINDSOR FEC ID number of contributing federal political committee.	CT 06074	Amount of Each Receipt this Period
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	Occupation ADMINISTRATOR Aggregate Year-to-Date 620.21	
Full Name (Last, First, Middle Initial) THOMAS RUSSO Mailing Address 561 KING ST		Date of Receipt 0 8 2 0 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.40190
SOUTH WINDSOR FEC ID number of contributing federal political committee.	CT 06074	Amount of Each Receipt this Period 19.39
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General	Occupation ADMINISTRATOR Aggregate Year-to-Date ▼	
Other (specify) ▼	639.60	
Full Name (Last, First, Middle Initial) THOMAS RUSSO Mailing Address 561 KING ST		Date of Receipt 0 8 27 2010
City	State Zip Code	Transaction ID: SA11AI.40191
SOUTH WINDSOR FEC ID number of contributing federal political committee.	CT 06074	Amount of Each Receipt this Period 19.39
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation ADMINISTRATOR	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 658.99	
CURTOTAL of Descripts This Descriptions)	58.17

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 191 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person he name and address of any political committee to	n for the purpose of soliciting contributions
GENESIS HEALTHCARE CORPOR.	ATION POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) THOMAS RUSSO Mailing Address 561 KING ST		Date of Receipt
Mailing Address 561 KING ST		09 03 7 2010
City	State Zip Code	Transaction ID: SA11AI.40192
SOUTH WINDSOR FEC ID number of contributing federal political committee.	CT 06074	Amount of Each Receipt this Period 19.39
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation ADMINISTRATOR	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 678.38	
Full Name (Last, First, Middle Initial) THOMAS RUSSO		Date of Receipt
Mailing Address 561 KING ST		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SOUTH WINDSOR	State Zip Code CT 06074	Transaction ID: SA11AI.40193 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.39
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation ADMINISTRATOR	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 697.77	
Full Name (Last, First, Middle Initial) THOMAS RUSSO		Date of Receipt
Mailing Address 561 KING ST		09 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SOUTH WINDSOR	State Zip Code CT 06074	Transaction ID: SA11AI.40194 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.39
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation ADMINISTRATOR	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 717.16	
SUBTOTAL of Receipts This Page (optional)		58.17

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 192/2// (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	ATION POLITICAL ACTION COMMITTE	
Full Name (Last, First, Middle Initial) THOMAS RUSSO		Date of Receipt
Mailing Address 561 KING ST		0 9 2 4 2 0 1 0
City	State Zip Code	Transaction ID: SA11Al.40195
SOUTH WINDSOR FEC ID number of contributing federal political committee.	CT 06074	Amount of Each Receipt this Period 19.39
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation ADMINISTRATOR	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 736.55	
Full Name (Last, First, Middle Initial) MARCIA C. SACCO		Date of Receipt
Mailing Address 100 PLAIN STREET		07 09 7 4 9 10
City NORTON	State Zip Code MA 02766	Transaction ID: SA11AI.40196 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTOR-NETWORK DEVELOP	MENT
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) MARCIA C. SACCO		Date of Receipt
Mailing Address 100 PLAIN STREET		07 / 23 / Y Y Y Y Y
City NORTON	State Zip Code MA 02766	Transaction ID: SA11AI.40197 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTOR-NETWORK DEVELOP	MENT
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
CURTOTAL of Descripts This Descriptional		119.39

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 193 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person g the name and address of any political committee to a	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MARCIA C. SACCO Mailing Address 100 PLAIN STREET City NORTON	State Zip Code MA 02766	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify) ▼	Occupation DIRECTOR-NETWORK DEVELOPME Aggregate Year-to-Date 800.00	50.00 ENT
Full Name (Last, First, Middle Initial) MARCIA C. SACCO Mailing Address 100 PLAIN STREET City NORTON FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip Code MA 02766 C Occupation DIRECTOR-NETWORK DEVELOPME Aggregate Year-to-Date 850.00	Date of Receipt M M Z D Z D Z D 1 D Z D 1 D Z D 1 D Z D D 2 D Z D D 1 D Z D D D Z D D D Z D D D D Z D D D D
Full Name (Last, First, Middle Initial) MARCIA C. SACCO Mailing Address 100 PLAIN STREET City NORTON FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip Code MA 02766 C Occupation DIRECTOR-NETWORK DEVELOPME Aggregate Year-to-Date 900.00	Date of Receipt M M J D D J Z D 1 D Transaction ID: SA11AI.40200 Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (option	al)	150.00

9	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 194 / 277
	TEMIZED RECEIPTS	for each category of the	(check only one)
ı	I EMIZED RECEIP 15	Detailed Summary Page	X 11a 11b 11c 12
		Botanoa Garrinary i ago	13 14 15 16 17
	Any information copied from such Reports and Stat	ements may not be sold or used by any perso	n for the purpose of soliciting contributions
	or for commercial purposes, other than using the na	ame and address of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	GENESIS HEALTHCARE CORPORATION	ON POLITICAL ACTION COMMITTEE	
۰ ۸.	Full Name (Last, First, Middle Initial) MARCIA C. SACCO		Date of Receipt
	Mailing Address 100		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	PLAIN STREET City	State Zip Code	Transaction ID: SA11AI.40201
	NORTON	MA 02766	Amount of Each Receipt this Period
			7 thouse of Edon Hoodipt this 1 oned
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer GENESIS HEALTHCARE CORPOR-	Occupation	7
	ATION	DIRECTOR-NETWORK DEVELOPM	ENT
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	950.00	
	Other (specify) ▼		
- 3.	Full Name (Last, First, Middle Initial) KRISTEN SANTANGELO		Date of Receipt
	Mailing Address 108 KNITTLE ROAD		M M / D D / Y Y Y Y
			07 09 2010
	City	State Zip Code	Transaction ID: SA11AI.40208
	KUTZTOWN	PA 19530	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	35.00
	Name of Employer GENESIS HEALTHCARE CORPOR-	Occupation	7
	ATION	VP OPERATIONS	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	400.00	1
	Other (specify) ▼	490.00	
_	Full Name (Last, First, Middle Initial)		Data of Bookint
Э.	KRISTEN SANTANGELO Mailing Address 108 KNITTLE ROAD		Date of Receipt
			07 23 2010
	City	State Zip Code	Transaction ID: SA11AI.40209
	KUTZTOWN	PA 19530	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	35.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP OPERATIONS	
	Receipt For:	Aggregate Year-to-Date ▼	7
	Primary General		1
	Other (specify) ▼	525.00	
Γ			
	SUBTOTAL of Receipts This Page (optional)		120.00
- 1			

SCHEDULE A (FEC Form	n 3X)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 195 / 277 (check only one)	
TI LIVIIZED TILOLIF IS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Report or for commercial purposes, other than	orts and Statements may rusing the name and addre	not be sold or used by any persess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE COI	PROPATION POLITIC		-	
GENESIS HEALTHOARE COI	APORATION FOLITIC	CAL ACTION COMMITTEE	=	
Full Name (Last, First, Middle Initial) KRISTEN SANTANGELO)		Date of Receipt	
Mailing Address 108 KNITTLE	ROAD		08 06 2010	
City	State	Zip Code	Transaction ID: SA11AI.40210	
KUTZTOWN	PA	19530	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		35.00	
Name of Employer GENESIS HEALTHCARE CORPO ATION	Occupation VP OPERA	ATIONS		
Receipt For: Primary General	Aggregate Y	'ear-to-Date ▼	-	
Other (specify) ▼		560.00		
Full Name (Last, First, Middle Initial) KRISTEN SANTANGELO	1		Date of Receipt	
Mailing Address 108 KNITTLE	ROAD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: SA11AI.40211	
KUTZTOWN	PA	19530	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		35.00	
Name of Employer GENESIS HEALTHCARE CORPO ATION	Occupation VP OPERA	ATIONS		
Receipt For: Primary General	Aggregate Y	'ear-to-Date ▼	_	
Other (specify)		595.00		
Full Name (Last, First, Middle Initial) KRISTEN SANTANGELO)		Date of Receipt	
Mailing Address 108 KNITTLE	ROAD		09 03 7 2010	
City	State	Zip Code	Transaction ID: SA11AI.40212	
KUTZTOWN	PA	19530	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		35.00	
Name of Employer GENESIS HEALTHCARE CORPO ATION	Occupation VP OPERA	ATIONS		
Receipt For: Primary General	Aggregate Y	'ear-to-Date ▼	_	
Other (specify)		630.00		
			105.00	
SUBTOTAL of Receipts This Page (o	ptional)		- 100.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 196 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to ATION POLITICAL ACTION COMMITTEE	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) KRISTEN SANTANGELO Mailing Address 108 KNITTLE ROAD City KUTZTOWN FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General	State Zip Code PA 19530 C Occupation VP OPERATIONS Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) JOHN V. SAVO Mailing Address 535 WEADLEY ROA		Date of Receipt 0 7 0 9 7 2 0 1 0
City STRAFFORD FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip Code PA 19087 C Occupation CONTROLLER-ASSISTANT Aggregate Year-to-Date 518.00	Transaction ID: SA11AI.40218 Amount of Each Receipt this Period 37.00
Full Name (Last, First, Middle Initial) JOHN V. SAVO Mailing Address 535 WEADLEY ROA City STRAFFORD FEC ID number of contributing	State Zip Code PA 19087	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Rame of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary Other (specify) ▼	Occupation CONTROLLER-ASSISTANT Aggregate Year-to-Date 555.00	
SUBTOTAL of Receipts This Page (optional)		109.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 197 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOHN V. SAVO Mailing Address 535 WEADLEY ROA City STRAFFORD FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION	State Zip Code PA 19087 C Occupation CONTROLLER-ASSISTANT	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.40220 Amount of Each Receipt this Period 37.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 592.00	
Full Name (Last, First, Middle Initial) JOHN V. SAVO Mailing Address 535 WEADLEY ROA	AD	Date of Receipt M M
City	State Zip Code	Transaction ID: SA11AI.40221
STRAFFORD	PA 19087	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	37.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation CONTROLLER-ASSISTANT	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 629.00	
Full Name (Last, First, Middle Initial) JOHN V. SAVO Mailing Address 535 WEADLEY ROA	AD	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.40222
STRAFFORD	PA 19087	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	37.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation CONTROLLER-ASSISTANT	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.00	
SUBTOTAL of Receipts This Page (optional	1	111.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 198 / 277 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	he name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOHN V. SAVO Mailing Address 535 WEADLEY ROA	۸D		Date of Receipt
City STRAFFORD FEC ID number of contributing	State PA	Zip Code 19087	Transaction ID: SA11AI.40223 Amount of Each Receipt this Period
federal political committee. Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify)		n DLLER-ASSISTANT e Year-to-Date ▼	37.00
Full Name (Last, First, Middle Initial) IRA M SCHOENBERGER Mailing Address 33 WOODSIDE CIRC	CLE		Date of Receipt 0 7 0 9 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.40224
STURBRIDGE	MA	01566	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:		OR-ELDERCARE CENTERS	S REG
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) IRA M SCHOENBERGER			Date of Receipt
Mailing Address 33 WOODSIDE CIRC	CLE		$\begin{bmatrix} M & M & M & J & D & D & J & Y & Y & Y & Y \\ Q & Q & Q & Q & Q & Q & Q & Q & Q \end{bmatrix}$
City	State	Zip Code	Transaction ID: SA11AI.40225
STURBRIDGE FEC ID number of contributing federal political committee.	C	01566	Amount of Each Receipt this Period 25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION		OR-ELDERCARE CENTERS	B REG
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	
SUBTOTAL of Receipts This Page (optional)	1		87.00

	FEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 199 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	e name and ad	dress of any political committee to	o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) IRA M SCHOENBERGER Mailing Address 33 WOODSIDE CIRC City	State	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
	STURBRIDGE FEC ID number of contributing federal political committee.	C	01566	Amount of Each Receipt this Period 25.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	+ +	on OR-ELDERCARE CENTERS e Year-to-Date ▼ 400.00	S REG
— В.	Full Name (Last, First, Middle Initial) IRA M SCHOENBERGER Mailing Address 33 WOODSIDE CIRC	LE		Date of Receipt 0 8 2 0 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.40227
	STURBRIDGE FEC ID number of contributing federal political committee.	C	01566	Amount of Each Receipt this Period 25.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		on OR-ELDERCARE CENTERS e Year-to-Date ▼ 425.00	S REG
_ C.	Full Name (Last, First, Middle Initial) IRA M SCHOENBERGER Mailing Address 33 WOODSIDE CIRC	LE		Date of Receipt 0 9 0 3 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.40228
	STURBRIDGE FEC ID number of contributing federal political committee.	C	01566	Amount of Each Receipt this Period 25.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	- ·	on OR-ELDERCARE CENTERS e Year-to-Date ▼ 450.00	S REG
[;	SUBTOTAL of Receipts This Page (optional).			75.00
Γ.	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	fo D	se separate schedule(s) or each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 200 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not the name and address	be sold or used by any perso of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
GENESIS HEALTHCARE CORPOR	RATION POLITICAL	_ ACTION COMMITTEE	:
Full Name (Last, First, Middle Initial) IRA M SCHOENBERGER			Date of Receipt
Mailing Address 33 WOODSIDE CIF	RCLE		09 17 2010
City	State	Zip Code	Transaction ID: SA11AI.40229
STURBRIDGE	MA	01566	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTOR-E	ELDERCARE CENTERS	── SREG
Receipt For:	Aggregate Year	r-to-Date ▼	
Primary General Other (specify) ▼	0 0 0	475.00	
Full Name (Last, First, Middle Initial) B. ERIC SCHULTHEIS			Date of Receipt
Mailing Address 5 GAEBEL LANE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		Zip Code	Transaction ID: SA11AI.40230
LANDENBERG	PA	19350	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		42.88
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-1		
Receipt For: Primary General	Aggregate Year	r-to-Date ▼	,
Other (specify)	0 0	600.32	
Full Name (Last, First, Middle Initial) ERIC SCHULTHEIS			Date of Receipt
Mailing Address 5 GAEBEL LANE			07 23 7 2010
City		Zip Code	Transaction ID: SA11AI.40231
LANDENBERG	PA	19350	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		42.88
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-1	ΓAX	
Receipt For:	Aggregate Year	r-to-Date ▼	
Primary ☐ General Other (specify) ▼		643.20	
SUBTOTAL of Receipts This Page (optiona)		110.76
TOTAL This Period (last page this line numl	,		

City State Zip Code LANDENBERG PA 19350 FEC ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ Full Name (Last, First, Middle Initial) FEC ID number of contributing federal political committee. Full Name (Last, First, Middle Initial) FEC ID number of Employer General Other (specify) ▼ Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) FEC ID number of contributing federal political committee. City State Zip Code PA 19350 FEC ID number of contributing federal political committee. City State Zip Code PA 19350 FEC ID number of contributing federal political committee. City State Zip Code PA 19350 FEC ID number of contributing federal political committee. City State Zip Code PA 19350 FEC ID number of contributing federal political committee. City State Zip Code PA 19350 FEC ID number of contributing federal political committee. City State Zip Code Transaction ID: SA11AI.4(Amount of Each Receipt this Path In	12
A ERIC SCHULTHEIS Mailing Address 5 GAEBEL LANE City State Zip Code PA 19350 FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ERIC SCHULTHEIS Name of Employer General Other (specify) ▼ Full Name (Last, First, Middle Initial) FEC ID number of contributing federal political committee. City State Zip Code PA 19350 Date of Receipt Transaction ID: SA11AI.44 Amount of Each Receipt this FEC ID number of contributing federal political committee. City State Zip Code PA 19350 FEC ID number of contributing federal political committee. City State Zip Code PA 19350 DiRECTOR-TAX Aggregate Year-to-Date ▼ Transaction ID: SA11AI.44 Amount of Each Receipt this Date of Receipt Transaction ID: SA11AI.44 Transaction ID: SA11AI.44 Amount of Each Receipt this Date of Receipt Transaction ID: SA11AI.44 Transaction ID: SA11AI.44 Amount of Each Receipt this Date of Receipt Transaction ID: SA11AI.44 Transaction ID: SA11AI.44 Amount of Each Receipt this Date of Receipt Transaction ID: SA11AI.44 Amount of Each Receipt this Date of Receipt Transaction ID: SA11AI.44 Amount of Each Receipt this Date of Receipt Transaction ID: SA11AI.44 Amount of Each Receipt this Date of Receipt Transaction ID: SA11AI.44 Amount of Each Receipt this Date of Receipt Transaction ID: SA11AI.44 Amount of Each Receipt this Date of Receipt Transaction ID: SA11AI.44 Amount of Each Receipt this Date of Receipt Transaction ID: SA11AI.44 Amount of Each Receipt this Date of Receipt Transaction ID: SA11AI.44 Amount of Each Receipt this	ibutions
FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼ City State Zip Code PA 19350 City State Zip Code LANDENBERG PA 19350 FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼ City State Zip Code DIRECTOR-TAX Amount of Each Receipt this Coccupation DIRECTOR-TAX Amount of Each Receipt this Date of Receipt Transaction ID: SA11AI.44 Amount of Each Receipt this Date of Receipt Transaction ID: SA11AI.44 Amount of Each Receipt this Primary General Other (specify) ▼ Transaction ID: SA11AI.44 Amount of Each Receipt this Date of Receipt Transaction ID: SA11AI.44 Amount of Each Receipt this Date of Receipt Transaction ID: SA11AI.44 Amount of Each Receipt this City State Zip Code LANDENBERG PA 19350 City State Zip Code LANDENBERG PA 19350 City State Zip Code DATE Code DATE CODE DATE OF Receipt Transaction ID: SA11AI.44 Amount of Each Receipt this City State Zip Code DATE CODE DATE OF RECEIPT Transaction ID: SA11AI.44 Amount of Each Receipt this Date of Receipt	
NC Primary General Aggregate Year-to-Date ▼	42.88
B. ERIC SCHULTHEIS Mailing Address 5 GAEBEL LANE City State Zip Code LANDENBERG PA 19350 FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ERIC SCHULTHEIS Mailing Address 5 GAEBEL LANE City State Zip Code LANDENBERG PA 19350 City State Zip Code LANDENBERG PA 19350 City State Zip Code LANDENBERG PA 19350 FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: QENESIS HEALTH VENTURES, INC. Receipt For: Qeneral 771 84	
City	Y Y Y Y 2 0 1 0
FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ERIC SCHULTHEIS Mailing Address 5 GAEBEL LANE City State Zip Code LANDENBERG PA 19350 FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Occupation DIRECTOR-TAX Aggregate Year-to-Date ▼ Occupation DIRECTOR-TAX Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:	Period
INC. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ERIC SCHULTHEIS Mailing Address 5 GAEBEL LANE City State Zip Code LANDENBERG PA 19350 FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Date of Receipt Transaction ID: SA11AI.40 Amount of Each Receipt this	42.88
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ERIC SCHULTHEIS Mailing Address 5 GAEBEL LANE City State Zip Code LANDENBERG PA 19350 FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Primary General 728.96 Date of Receipt Transaction ID: SA11AI.40 Amount of Each Receipt this	
Date of Receipt Mailing Address 5 GAEBEL LANE City State Zip Code LANDENBERG PA 19350 FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Date of Receipt M M M O D D O O O O O O O O O O O O O O	
City State Zip Code LANDENBERG PA 19350 FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General State Zip Code Transaction ID: SA11AI.40 Amount of Each Receipt this Occupation DIRECTOR-TAX Aggregate Year-to-Date	
LANDENBERG PA 19350 FEC ID number of contributing federal political committee. C Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Amount of Each Receipt this C Amount of Each Receipt this	2010
FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General C Occupation DIRECTOR-TAX Aggregate Year-to-Date 771.94	
GENESIS HEALTH VENTURES, INC. Receipt For: Primary General DIRECTOR-TAX Aggregate Year-to-Date 771.94	Period 42.88
Primary General 771.94	
SUBTOTAL of Receipts This Page (optional)	128.64

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 202 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person g the name and address of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
Full Name (Last, First, Middle Initial) ERIC SCHULTHEIS Mailing Address 5 GAEBEL LANE City LANDENBERG FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)	State Zip Code PA 19350 C Occupation DIRECTOR-TAX Aggregate Year-to-Date ▼	Date of Receipt M M M / D D D / 2010 Transaction ID: SA11AI.40235 Amount of Each Receipt this Period 42.88
Full Name (Last, First, Middle Initial) BETTY SCOTT Mailing Address 28656 CLUBHOUS City EASTON	SE DRIVE State Zip Code MD 21601	Date of Receipt M M M
FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	Occupation VICE PRESIDENT-CENTERS GROUP Aggregate Year-to-Date 350.00	25.00
Full Name (Last, First, Middle Initial) BETTY SCOTT Mailing Address 28656 CLUBHOUS	SE DRIVE	Date of Receipt 0 7 2 3 2 0 1 0
City EASTON FEC ID number of contributing federal political committee.	State Zip Code MD 21601	Transaction ID: SA11AI.40237 Amount of Each Receipt this Period 25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary Other (specify) ▼	Occupation VICE PRESIDENT-CENTERS GROUP Aggregate Year-to-Date ▼ 375.00	_
SUBTOTAL of Receipts This Page (option	al)	92.88

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 203 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR	the name and add	dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) BETTY SCOTT Mailing Address 28656 CLUBHOUSE	E DRIVE		Date of Receipt
City	State	Zip Code	0 8 0 6 2 0 1 0 Transaction ID: SA11AI.40238
EASTON	MD	21601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼		n ESIDENT-CENTERS GROU e Year-to-Date ▼ 400.00	P
Full Name (Last, First, Middle Initial) BETTY SCOTT	•		Date of Receipt
Mailing Address 28656 CLUBHOUSE	E DRIVE		0 8 2 0 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.40239
EASTON	MD	21601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼		n ESIDENT-CENTERS GROU Year-to-Date ▼ 425.00	P
Full Name (Last, First, Middle Initial) BETTY SCOTT			Date of Receipt
Mailing Address 28656 CLUBHOUSE	E DRIVE		M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
City EASTON	State MD	Zip Code 21601	Transaction ID: SA11AI.40240 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio VICE PR	n ESIDENT-CENTERS GROU	P
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (optional))		75.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 204 / 277 (check only one)
1	I LIVIIZED NECEIF 13		Detailed Summary Page	X 11a 11b 11c 12 15 16 1
	Any information copied from such Reports and sor for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	TION POLIT	ICAL ACTION COMMITTEE	
. Z	Full Name (Last, First, Middle Initial) BETTY SCOTT			Date of Receipt
•	Mailing Address 28656 CLUBHOUSE	DRIVE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.40241
	EASTON	MD	21601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio	n RESIDENT-CENTERS GROU	IP
	Receipt For:		e Year-to-Date ▼	7
	Primary General Other (specify) ▼	33 13	475.00	
_	Full Name (Last, First, Middle Initial) KAREN SHAMBERG			Date of Receipt
	Mailing Address 1641 BOW TREE DR	IVE		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: SA11AI.40248
	WEST CHESTER	PA	19380	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer GENESIS HEALTH VENTURES, INC.	Occupatio DIRECT(n OR-REGIONAL SALES&MK`	TG
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 210.00	
_	Full Name (Last, First, Middle Initial) KAREN SHAMBERG			Date of Receipt
	Mailing Address 1641 BOW TREE DR	IVE		07 23 7 2010
	City	State	Zip Code	Transaction ID: SA11AI.40249
	WEST CHESTER	PA	19380	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer GENESIS HEALTH VENTURES, INC.	Occupatio DIRECT(n OR-REGIONAL SALES&MK	TG
	Receipt For:	Aggregate	e Year-to-Date ▼	. [
	Primary General Other (specify) ▼	0 0	225.00	
	SUBTOTAL of Receipts This Page (optional) .			55.00
\vdash	,			-

ITEMIZED F	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information cor for commercial	opied from such Reports and purposes, other than using the	Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
1 \	MMITTEE (In Full) IEALTHCARE CORPORA	ATION POLIT	ICAL ACTION COMMITTEE	:
Full Name (Las KAREN SHAMI	st, First, Middle Initial) BERG			Date of Receipt
Mailing Addres	s 1641 BOW TREE DF	RIVE		M M / D D / Y Y Y Y Y Y O O O O O O O O O O O O O
City WEST CHE	STER	State PA	Zip Code 19380	Transaction ID: SA11AI.40250 Amount of Each Receipt this Period
•	er of contributing	C		15.00
Name of Empl GENESIS HE INC.	oyer ALTH VENTURES,	Occupation DIRECTO	n OR-REGIONAL SALES&MK	
Receipt For: Primary	General pecify) ▼	Aggregate	Year-to-Date ▼ 240.00	
Full Name (La:	st, First, Middle Initial)			Date of Receipt
	ss 1641 BOW TREE DF	RIVE		08 20 Y Y Y Y Y Y
City	OTED	State	Zip Code	Transaction ID: SA11AI.40251
WEST CHE		PA	19380	Amount of Each Receipt this Period
federal politica	er of contributing I committee.	C		15.00
Name of Empl GENESIS HE INC.	oyer ALTH VENTURES,	Occupation DIRECTO	n OR-REGIONAL SALES&MK`	
Receipt For:		Aggregate	e Year-to-Date ▼	
Primary Other (s	☐ General pecify) ▼		255.00	
Full Name (La: KAREN SHAMI	st, First, Middle Initial)			Date of Receipt
	ss 1641 BOW TREE DF	RIVE		M M / D D / Y Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	CTED	State	Zip Code	Transaction ID: SA11AI.40252
	er of contributing	C	19380	Amount of Each Receipt this Period
federal politica				
INC.	oyer ALTH VENTURES,	_ '	OR-REGIONAL SALES&MK	T G
Receipt For: Primary	General	Aggregate	Year-to-Date ▼	,
	pecify) ▼		270.00	
	Receipts This Page (optional)	1		45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 206 / 277 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	e name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) KAREN SHAMBERG Mailing Address 1641 BOW TREE DRI	IVE		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City WEST CHESTER FEC ID number of contributing federal political committee.	State PA	Zip Code 19380	Transaction ID: SA11AI.40253 Amount of Each Receipt this Period 15.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼	- '	n DR-REGIONAL SALES&MK Year-to-Date ▼ 285.00	TG
Full Name (Last, First, Middle Initial) MICHAEL S. SHERMAN Mailing Address 1379 BRYANT COUR	T		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City AMBLER	State PA	Zip Code 19002	Transaction ID: SA11AI.40254 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼		TERGERS AND ACQUISITION Year-to-Date 2100.00	ons
Full Name (Last, First, Middle Initial) MICHAEL S. SHERMAN Mailing Address 1379 BRYANT COUR	т		Date of Receipt
	State	Zip Code	07 23 2010
City AMBLER	PA	19002	Transaction ID: SA11AI.40255 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	_ '	THE RESERVENCE OF THE PROPERTY OF THE PROPERT	ons]
SUBTOTAL of Receipts This Page (optional)			315.00
TOTAL This Period (last page this line number	only)	_	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 207 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to RATION POLITICAL ACTION COMMITTEE	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MICHAEL S. SHERMAN		Date of Receipt
Mailing Address 1379 BRYANT COU	JRT	08 06 2010
City	State Zip Code	Transaction ID: SA11AI.40256
AMBLER	PA 19002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation SR VP MERGERS AND ACQUISITIO	ons
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2400.00	
Full Name (Last, First, Middle Initial) MICHAEL S. SHERMAN		Date of Receipt
Mailing Address 1379 BRYANT COU	JRT	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.40257
AMBLER	PA 19002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:	Occupation SR VP MERGERS AND ACQUISITIO Aggregate Year-to-Date ▼	<u>n</u> s
Primary General Other (specify) ▼	2550.00	
Full Name (Last, First, Middle Initial) MICHAEL S. SHERMAN		Date of Receipt
Mailing Address 1379 BRYANT COU	JRT	09 03 7 2010
City	State Zip Code	Transaction ID: SA11AI.40258
AMBLER	PA 19002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation SR VP MERGERS AND ACQUISITIO	ons
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2700.00	
SUBTOTAL of Receipts This Page (optional)	450.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	(,)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 208 / 277 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR	RATION POLIT	ICAL ACTION COMMITTEE	<u> </u>
Full Name (Last, First, Middle Initial) MICHAEL S. SHERMAN			Date of Receipt
Mailing Address 1379 BRYANT COL	JRT		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.40259
AMBLER	PA	19002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation SR VP M	ERGERS AND ACQUISITION	— DNS
Receipt For:	Aggregate	Year-to-Date ▼	7
Primary General Other (specify) ▼		2850.00	
Full Name (Last, First, Middle Initial) KEN SILVERWOOD			Date of Receipt
Mailing Address 1520 GENERALS V	VAY		07 09 YYYYY
City	State	Zip Code	Transaction ID: SA11AI.40260
WEST CHESTER	PA	19380	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-INTE	RNAL OPERATIONS	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) KEN SILVERWOOD			Date of Receipt
Mailing Address 1520 GENERALS V	VAY		07 23 2010
City	State	Zip Code	Transaction ID: SA11AI.40261
WEST CHESTER	PA	19380	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-INTE	n RNAL OPERATIONS	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		750.00]
			250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 209 / 277 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) KEN SILVERWOOD Mailing Address 1520 GENERALS W	VAY		Date of Receipt
City WEST CHESTER	State PA	Zip Code 19380	Transaction ID: SA11AI.40262 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		n RNAL OPERATIONS e Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) KEN SILVERWOOD Mailing Address 1520 GENERALS W	VAY		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.40263
WEST CHESTER	PA	19380	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION		RNAL OPERATIONS	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 850.00	
Full Name (Last, First, Middle Initial) KEN SILVERWOOD			Date of Receipt
Mailing Address 1520 GENERALS W	VAY		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: SA11AI.40264
WEST CHESTER FEC ID number of contributing federal political committee.	C	19380	Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	 	RNAL OPERATIONS	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 900.00	
SUBTOTAL of Receipts This Page (optional	\ \		150.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 210 / 277 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may the name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
GENESIS HEALTHCARE CORPOR	RATION POLIT	ICAL ACTION COMMITTEE	:
Full Name (Last, First, Middle Initial) KEN SILVERWOOD			Date of Receipt
Mailing Address 1520 GENERALS V		Zin Codo	09 17 2010
WEST CHESTER	State PA	Zip Code	Transaction ID: SA11AI.40265
FEC ID number of contributing federal political committee.	C	19380	Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-INTE	n RNAL OPERATIONS	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 950.00	
Full Name (Last, First, Middle Initial) LOU ANN SOIKA			Date of Receipt
Mailing Address 65 DEER PATH RC)AD		07 09 7 2010
City	State	Zip Code	Transaction ID: SA11AI.40272
KENNETT SQUARE	PA	19348	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-THEF	n RAPY MGMT & CONSULTIN	IG
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2100.00]
Full Name (Last, First, Middle Initial) LOU ANN SOIKA			Date of Receipt
Mailing Address 65 DEER PATH RC	OAD		07 23 7 2010
City	State	Zip Code	Transaction ID: SA11AI.40273
KENNETT SQUARE	PA	19348	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		150.00
Name of Employer GENESIS HEALTH VENTURES, INC.		RAPY MGMT & CONSULTIN	IG
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2250.00]
SUBTOTAL of Receipts This Page (optiona	l)		350.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 211 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORAT	name and ad	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) LOU ANN SOIKA Mailing Address 65 DEER PATH ROAD)		Date of Receipt
City	State	Zip Code	0 8 0 6 2 0 1 0 Transaction ID: SA11AI.40274
KENNETT SQUARE FEC ID number of contributing federal political committee.	C	19348	Amount of Each Receipt this Period 150.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: ☐ Primary ☐ General Other (specify) ▼		on RAPY MGMT & CONSULTIN e Year-to-Date ▼ 2400.00	JG
Full Name (Last, First, Middle Initial) LOU ANN SOIKA Mailing Address 65 DEER PATH ROAD)		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City KENNETT SQUARE FEC ID number of contributing federal political committee.	State PA	Zip Code 19348	Transaction ID: SA11AI.40275 Amount of Each Receipt this Period 150.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼	. '	on RAPY MGMT & CONSULTIN e Year-to-Date ▼ 2550.00	IG
Full Name (Last, First, Middle Initial) LOU ANN SOIKA Mailing Address 65 DEER PATH ROAD			Date of Receipt
Mailing Address 65 DEER PATH ROAD City	State	Zip Code	0 9 0 3 2 0 1 0 Transaction ID: SA11AI.40276
KENNETT SQUARE FEC ID number of contributing federal political committee.	C	19348	Amount of Each Receipt this Period 150.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General		on RAPY MGMT & CONSULTIN e Year-to-Date ▼	JG
Other (specify)		2700.00	
SUBTOTAL of Receipts This Page (optional)			450.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and Sta	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 212 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions
A.	or for commercial purposes, other than using the research NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORATI Full Name (Last, First, Middle Initial) LOU ANN SOIKA	name and ad	dress of any political committee to	solicit contributions from such committee. Date of Receipt
	Mailing Address 65 DEER PATH ROAD City KENNETT SQUARE FEC ID number of contributing federal political committee.	State PA	Zip Code 19348	Transaction ID: SA11AI.40277 Amount of Each Receipt this Period 150.00
	Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼		PAPY MGMT & CONSULTING Per Year-to-Date 2850.00	G
В.	Full Name (Last, First, Middle Initial) GARY J SPROUSE Mailing Address 2108 DIDONATO DR City CHESTER FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State MD C Occupatio PHYSIC Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_ C.	Full Name (Last, First, Middle Initial) GARY J SPROUSE Mailing Address 2108 DIDONATO DR City CHESTER FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State MD C Occupation PHYSIC Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y O 8 2 0 1 0 Transaction ID: SA11AI.40279 Amount of Each Receipt this Period 50.00
	SUBTOTAL of Receipts This Page (optional)		·····	250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 213 / 277 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR	he name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) GARY J SPROUSE Mailing Address 2108 DIDONATO DF)		Date of Receipt
City	State	Zip Code	0 9 1 7 2 0 1 0 Transaction ID: SA11AI.40280
CHESTER FEC ID number of contributing	MD	21619	Amount of Each Receipt this Period
federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation PHYSICI	AN	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) LINDA B STEVENS Mailing Address 300 WASHINGTON	AVENUE		Date of Receipt
		7'- Code	07 09 2010
City AVON BY THE SEA	State NJ	Zip Code 07717	Transaction ID: SA11AI.40288 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation ADMINIS	n STRATOR	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 560.00	1
Full Name (Last, First, Middle Initial)	0 0	0 0 0 0 0 0 0	1
LINDA B STEVENS Mailing Address 300 WASHINGTON	AVENUE		Date of Receipt M M
City	State	Zip Code	Transaction ID: SA11AI.40289
AVON BY THE SEA FEC ID number of contributing	C	07717	Amount of Each Receipt this Period 40.00
federal political committee. Name of Employer GENESIS HEALTHCARE CORPOR-	Occupation		
ATION Receipt For: Primary General	- , '	STRATOR e Year-to-Date	
Other (specify) ▼		600.00	
	1		130.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 214 / 277 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORED	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) LINDA B STEVENS Mailing Address 300 WASHINGTON	AVENUE		Date of Receipt
City AVON BY THE SEA FEC ID number of contributing	State NJ	Zip Code 07717	Transaction ID: SA11AI.40290 Amount of Each Receipt this Period 40.00
Receipt For: Primary Other (specify) Gederal political committee. Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Other (specify) ▼	Occupation ADMINIS	TRATOR Year-to-Date ▼ 640.00	
Full Name (Last, First, Middle Initial) LINDA B STEVENS Mailing Address 300 WASHINGTON	AVENUE		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11Al.40291
AVON BY THE SEA FEC ID number of contributing federal political committee.	NJ C	07717	Amount of Each Receipt this Period 40.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: ☐ Primary ☐ General Other (specify) ▼		TRATOR Year-to-Date ▼ 680.00]
Full Name (Last, First, Middle Initial) LINDA B STEVENS			Date of Receipt
Mailing Address 300 WASHINGTON	AVENUE		09 03 7 2010
City AVON BY THE SEA	State NJ	Zip Code 07717	Transaction ID: SA11AI.40292 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0711	40.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:		STRATOR	
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 720.00	
SUBTOTAL of Receipts This Page (optional))		120.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 215 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	ne name and addr	ress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) LINDA B STEVENS Mailing Address 300 WASHINGTON A	AVENUE		Date of Receipt
City	State	Zip Code	0 9 1 7 2 0 1 0 Transaction ID: SA11AI.40293
AVON BY THE SEA	NJ	07717	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	Occupation ADMINIST Aggregate		
Full Name (Last, First, Middle Initial) RONALD E STEWARD Mailing Address 1802 GARFIELD AVE	ENUE		Date of Receipt
2ND FLOOR City	State	Zip Code	07 09 2010
WILMINGTON	DE	19809	Transaction ID: SA11AI.40294 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		39.59
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼		R-PROPERTY MANAGEM Year-to-Date ▼ 548.06	DENT
Full Name (Last, First, Middle Initial) RONALD E STEWARD			Date of Receipt
Mailing Address 1802 GARFIELD AVE 2ND FLOOR	ENUE		07 23 2010
City WILMINGTON	State DE	Zip Code 19809	Transaction ID: SA11AI.40295 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		39.59
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTO	R-PROPERTY MANAGEM	─ ENT
Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 587.65	
SUBTOTAL of Receipts This Page (optional) .)	119.18

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 216 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Start or for commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORAT	ION POLIT	ICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) RONALD E STEWARD			Date of Receipt
Mailing Address 1802 GARFIELD AVEN 2ND FLOOR	IUE		0 8 0 6 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.40296
WILMINGTON	DE	19809	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		39.59
Name of Employer GENESIS HEALTHCARE CORPOR-	Occupatio	n	
ATION		OR-PROPERTY MANAGEM	<u>EN</u> T
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify)		627.24	
Full Name (Last, First, Middle Initial) RONALD E STEWARD			Date of Receipt
Mailing Address 1802 GARFIELD AVEN 2ND FLOOR	IUE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.40297
WILMINGTON	DE	19809	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		39.59
Name of Employer GENESIS HEALTHCARE CORPOR-	Occupatio		
ATION Receipt For:		OR-PROPERTY MANAGEM	
Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 666.83	
Full Name (Last, First, Middle Initial) RONALD E STEWARD			Date of Receipt
Mailing Address 1802 GARFIELD AVEN 2ND FLOOR	IUE		09 03 7 2010
City	State	Zip Code	Transaction ID: SA11AI.40298
WILMINGTON	DE	19809	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		39.59
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio DIRECTO	n OR-PROPERTY MANAGEM	ENT
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		706.42	
SUBTOTAL of Receipts This Page (optional)			118.77

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 217 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or fo	information copied from such Reports and St r commercial purposes, other than using the IAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORAT	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	full Name (Last, First, Middle Initial)	ION POLIT	TOAL ACTION COMMITTEE	·
A . <u>F</u>	Adiling Address 1802 GARFIELD AVEN	IUE		Date of Receipt
_	2ND FLOOR		7in Codo	09 17 2010
	City VILMINGTON	State DE	Zip Code 19809	Transaction ID: SA11AI.40299 Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C	10000	39.59
A	lame of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General		on OR-PROPERTY MANAGEM e Year-to-Date ▼ 746.01	IENT
	Other (specify) ull Name (Last, First, Middle Initial)		746.01]
	GODFREY A STREAT Mailing Address 157 FOREST DRIVE			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City KENNETT SQUARE	State PA	Zip Code 19348	Transaction ID: SA11AI.40300 Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C	19040	50.00
<u> </u>	lame of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General		n A HUMAN RESOURCES e Year-to-Date ▼	
	Other (specify)		700.00	
	ull Name (Last, First, Middle Initial) GODFREY A STREAT			Date of Receipt
M	Mailing Address 157 FOREST DRIVE			07 23 2010
	City KENNETT SQUARE	State PA	Zip Code 19348	Transaction ID: SA11AI.40301 Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C		50.00
<u> </u>	lame of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-ARE	n A HUMAN RESOURCES	
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
SUI	BTOTAL of Receipts This Page (optional)			139.59

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 218 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) GODFREY A STREAT Mailing Address 157 FOREST DRIVE City KENNETT SQUARE	State Zip Code PA 19348	Date of Receipt M M M / D D / Y Y Y Y Y 0 8 0 6 2 0 1 0 Transaction ID: SA11AI.40302 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	Occupation VP-AREA HUMAN RESOURCES Aggregate Year-to-Date 800.00	50.00
Full Name (Last, First, Middle Initial) GODFREY A STREAT Mailing Address 157 FOREST DRIVE City KENNETT SQUARE FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip Code PA 19348 C Occupation VP-AREA HUMAN RESOURCES Aggregate Year-to-Date 850.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) GODFREY A STREAT Mailing Address 157 FOREST DRIVE City KENNETT SQUARE FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip Code PA 19348 C Occupation VP-AREA HUMAN RESOURCES Aggregate Year-to-Date 900.00	Date of Receipt M M M / D D / Y Y Y Y Y O 9
SUBTOTAL of Receipts This Page (optional)		150.00

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 219 / 277 (check only one) X
A	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	TION POLIT	FICAL ACTION COMMITTEE	≣
١.	Full Name (Last, First, Middle Initial) GODFREY A STREAT Mailing Address 157 FOREST DRIVE			Date of Receipt
				0 9 1 7 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.40305
	KENNETT SQUARE	PA	19348	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-ARE	on A HUMAN RESOURCES	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		950.00	
_	Full Name (Last, First, Middle Initial) WILLIAM E STURGIS			Date of Receipt
	Mailing Address 6505 HILLTOP DRIVE			07 09 2010
	City	State	Zip Code	Transaction ID: SA11AI.40306
	BROOKHAVEN	PA	19015	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		37.35
	Name of Employer GENESIS HEALTH VENTURES, INC.		OR-FINANCIAL ANALYSIS	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
	Other (specify)		522.90	
	Full Name (Last, First, Middle Initial) WILLIAM E STURGIS			Date of Receipt
	Mailing Address 6505 HILLTOP DRIVE			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: SA11AI.40307
	BROOKHAVEN	PA	19015	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		37.35
	Name of Employer GENESIS HEALTH VENTURES, INC.		OR-FINANCIAL ANALYSIS	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		560.25	
	SUBTOTAL of Receipts This Page (optional)	1		124.70

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 220 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and State or for commercial purposes, other than using the nar	ments may not be sold or used by any persor ne and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORATIO	N POLITICAL ACTION COMMITTEE	
۸.	Full Name (Last, First, Middle Initial) WILLIAM E STURGIS		Date of Receipt
	Mailing Address 6505 HILLTOP DRIVE	Otata 7in Ocada	08 06 2010
	City BROOKHAVEN	State Zip Code PA 19015	Transaction ID: SA11AI.40308 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	37.35
	GENESIS L'EM TH VENTURES	Occupation DIRECTOR-FINANCIAL ANALYSIS	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 597.60	
3.	Full Name (Last, First, Middle Initial) WILLIAM E STURGIS		Date of Receipt
	Mailing Address 6505 HILLTOP DRIVE		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State Zip Code	Transaction ID: SA11AI.40309
	BROOKHAVEN FEC ID number of contributing federal political committee.	PA 19015	Amount of Each Receipt this Period 37.35
	GENERIC LIEM TH MENTI IDEC	Occupation DIRECTOR-FINANCIAL ANALYSIS	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 634.95	
).	Full Name (Last, First, Middle Initial) WILLIAM E STURGIS		Date of Receipt
	Mailing Address 6505 HILLTOP DRIVE		09 03 2010
	City BROOKHAVEN	State Zip Code PA 19015	Transaction ID: SA11AI.40310
	FEC ID number of contributing federal political committee.	C 19015	Amount of Each Receipt this Period 37.35
	GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-FINANCIAL ANALYSIS	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	672.30	
	SUBTOTAL of Receipts This Page (optional)	>	112.05
	TOTAL This Period (last page this line number only	·)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 221 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and State or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
GENESIS HEALTHCARE CORPORATI	ION POLIT	ICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) WILLIAM E STURGIS			Date of Receipt
Mailing Address 6505 HILLTOP DRIVE			09 17 2010
City	State	Zip Code	Transaction ID: SA11AI.40311
BROOKHAVEN	PA	19015	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		37.35
Name of Employer GENESIS HEALTH VENTURES,	Occupatio		7
INC. Receipt For:		OR-FINANCIAL ANALYSIS	_
Primary General	Aggregate	e Year-to-Date ▼	1
Other (specify) ▼		709.65	
Full Name (Last, First, Middle Initial) NICOLE THOMPSON			Date of Receipt
Mailing Address 27 PEARSON CIRCLE			M M / D D / Y Y Y Y
			07 09 2010
City	State	Zip Code	Transaction ID: SA11AI.40325
SPRINGFIELD	PA	19064	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer GENESIS HEALTHCARE CORPOR-	Occupatio		
ATION Receipt For:		LIST-REG SAFETY PREVEN	<u>11</u>
Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 280.00	
Full Name (Last, First, Middle Initial) NICOLE THOMPSON			Date of Receipt
Mailing Address 27 PEARSON CIRCLE			07 23 7 2010
City	State	Zip Code	Transaction ID: SA11AI.40326
SPRINGFIELD	PA	19064	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio SPECIAL	n LIST-REG SAFETY PREVEN	п
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		300.00	
SUBTOTAL of Receipts This Page (optional)			77.35

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 222 / 277
	TEMIZED RECEIPTS		for each category of the	(check only one)
	II EWIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
	Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements ma name and ad	ly not be sold or used by any perso Idress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
1	NAME OF COMMITTEE (In Full)			
	GENESIS HEALTHCARE CORPORAT	TION POLIT	FICAL ACTION COMMITTEE	
Α.	Full Name (Last, First, Middle Initial) NICOLE THOMPSON			Date of Receipt
	Mailing Address 27 PEARSON CIRCLE			08 06 2010
	City	State	Zip Code	Transaction ID: SA11AI.40327
	SPRINGFIELD	PA	19064	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer GENESIS HEALTHCARE CORPOR-	Occupation	on LIST-REG SAFETY PREVEN	_
	ATION Receipt For:		e Year-to-Date ▼	''
	Primary General	Aggregati		1
	Other (specify) ▼	0 0	320.00	
ь В.	Full Name (Last, First, Middle Initial) NICOLE THOMPSON			Date of Receipt
ъ.	Mailing Address 27 PEARSON CIRCLE			M M / D D / Y Y Y Y
			7' 0 1	08 20 2010
	City	State	Zip Code	Transaction ID: SA11AI.40328
	SPRINGFIELD	PA	19064	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer GENESIS HEALTHCARE CORPOR-	Occupation		
	ATION Pagaint For:		LIST-REG SAFETY PREVEN	<u> </u>
	Receipt For: Primary General	Aggregat	e Year-to-Date ▼	
	Other (specify) ▼		340.00	
с.	Full Name (Last, First, Middle Initial) NICOLE THOMPSON			Date of Receipt
0.	Mailing Address 27 PEARSON CIRCLE			0 9 0 3 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.40329
	SPRINGFIELD	PA	19064	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation SPECIA	on LIST-REG SAFETY PREVEN	п
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		260.00	
	Other (specify)	0 0	360.00	
	SUBTOTAL of Receipts This Page (optional)			60.00
ŀ				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 223 / 277 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORATION OF THE PROPERTY OF T	he name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) NICOLE THOMPSON Mailing Address 27 PEARSON CIRCI	LE		Date of Receipt
City SPRINGFIELD	State PA	Zip Code 19064	Transaction ID: SA11AI.40330 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For:		n LIST-REG SAFETY PREVEN	20.00 NT
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) WILLIAM H TIMM JR.	0 0	380.00	Date of Receipt
Mailing Address 715 RIDGE ROAD City ORWIGSBURG	State PA	Zip Code 17961	Transaction ID: SA11AI.40331 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)		n RATIONS • Year-to-Date ▼ 490.00	35.00
Full Name (Last, First, Middle Initial) WILLIAM H TIMM JR. Mailing Address 715 RIDGE ROAD			Date of Receipt 0 7 2 3 2 0 1 0
City ORWIGSBURG	State PA	Zip Code 17961	Transaction ID: SA11AI.40332 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP OPEI	n RATIONS	35.00
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 525.00	
SUBTOTAL of Receipts This Page (optional)			90.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any person	FOR LINE NUMBER: PAGE 224 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	ne name and ad	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) WILLIAM H TIMM JR. Mailing Address 715 RIDGE ROAD			Date of Receipt
City	State	Zip Code	0 8 0 6 2 0 1 0 Transaction ID: SA11AI.40333
ORWIGSBURG	PA	17961	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼		PATIONS e Year-to-Date ▼ 560.00	
Full Name (Last, First, Middle Initial) WILLIAM H TIMM JR.			Date of Receipt
Mailing Address 715 RIDGE ROAD			0 8 2 0 7 Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.40334
ORWIGSBURG	PA	17961	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP OPE	on RATIONS	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 595.00	
Full Name (Last, First, Middle Initial) WILLIAM H TIMM JR.			Date of Receipt
Mailing Address 715 RIDGE ROAD			09 03 7 9 9 10
City ORWIGSBURG	State PA	Zip Code 17961	Transaction ID: SA11AI.40335 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP OPE	n RATIONS	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 630.00	
SUBTOTAL of Receipts This Page (optional)			105.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 225 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to ORATION POLITICAL ACTION COMMITTEE	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) WILLIAM H TIMM JR. Mailing Address 715 RIDGE ROAI		Date of Receipt
City ORWIGSBURG FEC ID number of contributing	State Zip Code PA 17961	Transaction ID: SA11AI.40336 Amount of Each Receipt this Period 35.00
Rame of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify) ▼	Occupation VP OPERATIONS Aggregate Year-to-Date 665.00	33.00
Full Name (Last, First, Middle Initial) NEIL TOCKMAN Mailing Address P.O. BOX 22		Date of Receipt 0 7 0 2 2 0 1 0
City ELKINS FEC ID number of contributing federal political committee.	State Zip Code NH 03233	Transaction ID: SA11AI.40337 Amount of Each Receipt this Period 15.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	Occupation DIRECTOR-AREA (REHAB SVS) Aggregate Year-to-Date 390.00	
Full Name (Last, First, Middle Initial) NEIL TOCKMAN Mailing Address P.O. BOX 22	I	Date of Receipt 0 7 0 9 2 0 1 0
City ELKINS FEC ID number of contributing	State Zip Code NH 03233	Transaction ID: SA11AI.40338 Amount of Each Receipt this Period
rec ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	Occupation DIRECTOR-AREA (REHAB SVS) Aggregate Year-to-Date 405.00	15.00
SUBTOTAL of Receipts This Page (optio	nal)	65.00

Mailing Address P.O. BOX 22 City ELKINS NH 03233 FEC ID number of contributing federal political committee. Name of Employer City Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) NH 03233 FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) NH 03233 FULL Name (Last, First, Middle Initial) NH 03233 FIGURE OF CORPORATION Receipt For: State Zip Code Transaction ID: SA11AI.40340 Amount of Each Receipt this Period Date of Receipt NAMEL TOCKMAN NH 03233 FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11AI.40340 Amount of Each Receipt this Period FULL Name of Employer GENESIS HEALTHCARE CORPORATION Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial)					_
TEMIZED RECEIPTS Data of Summary Page	(SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of for commercial purposes, other than using the name and address of any political committee to solicit committee. NAME OF COMMITTEE (in Full) GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Mailing Address P,O, BOX 22 City State Zip Code NH 03233 FEC ID number of contributing federal political committee. Name of Employer General Other (Specify) ▼	ı	TEMIZED RECEIPTS		for each category of the	
any information capited from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for for commencial purposes. Other than using the name and address of any pollicial committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE A. MILL TOCKMAN Mailing Address P.O. BOX 22 City State Zip Code ELKINS NH 03233 Amount of Each Receipt Instead FEC ID number of contributing federal policial committee. C. State Zip Code BLIKINS NH 03233 Amount of Each Receipt Instead FEC ID number of contributing federal policial committee. C. State Zip Code BLIKINS NH 03233 Amount of Each Receipt Instead FEC ID number of contributing federal policial committee. City State Zip Code DIRECTOR-AREA (REHAB SVS) NEXT TOCKMAN Mailing Address P.O. BOX 22 City State Zip Code BLIKINS NH 03233 FEC ID number of contributing federal political committee. C. State Zip Code BLIKINS NH 03233 FEC ID number of contributing federal political committee. C. State Zip Code BLIKINS NH 03233 FEC ID number of contributing federal political committee. C. State Zip Code BLIKINS NH 03233 FEC ID number of contributing federal political committee. C. State Zip Code BLIKINS NH 03233 FEC ID number of contributing federal political committee. C. State Zip Code BLIKINS NH 03233 FEC ID number of contributing federal political committee. C. State Zip Code BLIKINS NH 03233 FEC ID number of contributing federal political committee. C. State Zip Code BLIKINS NH 03233 Date of Receipt NH 03233 Amount of Each Receipt NH 0	•	TEIMIZED REOLII 13		Detailed Summary Page	
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ATION Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) NEIL TOCKMAN Mailing Address P.O. BOX 22 City State Zip Code NH 03233 FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify) ▼ Occupation DIRECTOR-AREA (REHAB SVS) Aggregate Year-to-Date ▼ Occupation DIRECTOR-AREA (REHAB SVS) Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼			C		15.00
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ATION Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00			C		15.00
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Primary General Other (specify) ▼ 450.00			Aggregate	e Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)				450.00	
	ſ	SUBTOTAL of Receipts This Page (optional)			45.00

SCHEDULE A (FEC Form	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 227 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any person using the name and address of any political committee to RPORATION POLITICAL ACTION COMMITTE	to solicit contributions from such committee.
Full Name (Last, First, Middle Initia NEIL TOCKMAN Mailing Address P.O. BOX 22 City ELKINS FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORTION Receipt For: Primary General Other (specify)	State Zip Code NH 03233	Date of Receipt M M M
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Full Name (Last, First, Middle Initia NEIL TOCKMAN Mailing Address P.O. BOX 22 City ELKINS FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORTION Receipt For: Primary General Other (specify)	State Zip Code NH 03233	Date of Receipt M M M
SUBTOTAL of Receipts This Page (c	optional)	45.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 228 / 277 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using t	L d Statements may not be sold or used by any per the name and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR	RATION POLITICAL ACTION COMMITTE	
Full Name (Last, First, Middle Initial) NEIL TOCKMAN		Date of Receipt
Mailing Address P.O. BOX 22		08 27 2010
City	State Zip Code	Transaction ID: SA11AI.40345
ELKINS	NH 03233	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTOR-AREA (REHAB SVS)	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	510.00	
Full Name (Last, First, Middle Initial) NEIL TOCKMAN		Date of Receipt
Mailing Address P.O. BOX 22		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.40346
<u>ELKINS</u>	NH 03233	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTOR-AREA (REHAB SVS)	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	
Full Name (Last, First, Middle Initial) NEIL TOCKMAN		Date of Receipt
Mailing Address P.O. BOX 22		0 9 1 0 7 Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.40347
ELKINS	NH 03233	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTOR-AREA (REHAB SVS)	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	540.00	
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 229 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
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Full Name (Last, First, Middle Initial) NEIL TOCKMAN Mailing Address P.O. BOX 22 City ELKINS FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip Code NH 03233 C Occupation DIRECTOR-AREA (REHAB SVS) Aggregate Year-to-Date 555.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) NEIL TOCKMAN Mailing Address P.O. BOX 22 City ELKINS FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip Code NH 03233 C Occupation DIRECTOR-AREA (REHAB SVS) Aggregate Year-to-Date 570.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) LISA TRAUTMAN Mailing Address 4 VIOLET LANE City WEST GROVE FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip Code PA 19390 C Occupation DIRECTOR REGIONAL EC LINE Aggregate Year-to-Date 280.00	Date of Receipt M M O 7 0 9 2 0 1 0 Transaction ID: SA11AI.40350 Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	50.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 230 / 277 (check only one) X 11a
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
GENESIS HEALTHCARE CORPORA	TION POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) LISA TRAUTMAN Mailing Address 4 VIOLET LANE		Date of Receipt
City	State Zip Code	07 23 2010 Transaction ID: SA11AI.40351
WEST GROVE	PA 19390	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTOR REGIONAL EC LINE	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) LISA TRAUTMAN		Date of Receipt
Mailing Address 4 VIOLET LANE		08 06 2010
City	State Zip Code	Transaction ID: SA11AI.40352
WEST GROVE	PA 19390	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTOR REGIONAL EC LINE	
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Other (specify)	320.00	
Full Name (Last, First, Middle Initial) LISA TRAUTMAN		Date of Receipt
Mailing Address 4 VIOLET LANE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.40353
WEST GROVE FEC ID number of contributing	PA 19390	Amount of Each Receipt this Period
federal political committee.	C	20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTOR REGIONAL EC LINE	
Receipt For: Primary General	Aggregate Year-to-Date ▼	-
Other (specify)	340.00	
CURTOTAL of Province This Prove (settings)		60.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 231 / 277 (check only one) X	
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Full Name (Last, First, Middle Initial) LISA TRAUTMAN Mailing Address 4 VIOLET LANE			Date of Receipt 0 9 0 3 2 0 1 0	
City WEST GROVE	State PA	Zip Code 19390	Transaction ID: SA11AI.40354 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	n	20.00	
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	DIRECTO	OR REGIONAL EC LINE e Year-to-Date 360.00		
Full Name (Last, First, Middle Initial) LISA TRAUTMAN Mailing Address 4 VIOLET LANE	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code			
WEST GROVE	PA	19390	Transaction ID: SA11AI.40355 Amount of Each Receipt this Period	
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Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:		OR REGIONAL EC LINE		
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 380.00]	
Full Name (Last, First, Middle Initial) JOSEPH J TRIANA Mailing Address 240 OFFIAR LAKEO	Date of Receipt			
Mailing Address 218 CEDAR LAKES	HOAD		07 09 7 2010	
City RIPLEY	State WV	Zip Code 25271	Transaction ID: SA11AI.40356	
FEC ID number of contributing federal political committee.	C	25271	Amount of Each Receipt this Period 25.00	
Name of Employer GENESIS HEALTH VENTURES, INC.		STRATOR-SR		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00		
SUBTOTAL of Receipts This Page (optional)	\		65.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 232 / 277 (check only one) X	
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Full Name (Last, First, Middle Initial) JOSEPH J TRIANA Mailing Address 218 CEDAR LAKES	S BOAD		Date of Receipt	
City RIPLEY	State WV	Zip Code 25271	Transaction ID: SA11AI.40357 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		25.00	
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼	- ' '	or STRATOR-SR P Year-to-Date ▼ 375.00		
Full Name (Last, First, Middle Initial) JOSEPH J TRIANA Mailing Address 218 CEDAR LAKES	Date of Receipt 0 8 0 6 2 0 1 0			
City	State Zip Code			
RIPLEY	WV	25271	Transaction ID: SA11AI.40358 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		25.00	
Name of Employer GENESIS HEALTH VENTURES, INC.	- ' '	STRATOR-SR		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00]	
Full Name (Last, First, Middle Initial) JOSEPH J TRIANA				
Mailing Address 218 CEDAR LAKES	S ROAD		08 20 7 2010	
City	State	Zip Code	Transaction ID: SA11AI.40359	
RIPLEY FEC ID number of contributing federal political committee.	C	25271	Amount of Each Receipt this Period 25.00	
Name of Employer GENESIS HEALTH VENTURES, INC.		STRATOR-SR		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 425.00]	
SUBTOTAL of Receipts This Page (optional	ıl\		75.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 233 / 277 (check only one) X	
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR	the name and add	dress of any political committee to	solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) JOSEPH J TRIANA Mailing Address 218 CEDAR LAKES	S ROAD		Date of Receipt	
City RIPLEY	State WV	Zip Code 25271	Transaction ID: SA11AI.40360 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:	- ' '	n STRATOR-SR e Year-to-Date ▼	25.00	
Primary General Other (specify) ▼	Aggregate	450.00		
Full Name (Last, First, Middle Initial) JOSEPH J TRIANA Mailing Address 218 CEDAR LAKES	Date of Receipt 0 9 1 7 2 0 1 0			
City	State	Zip Code	Transaction ID: SA11AI.40361	
RIPLEY FEC ID number of contributing federal political committee.	C	25271	Amount of Each Receipt this Period 25.00	
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:	- '	STRATOR-SR		
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 475.00]	
Full Name (Last, First, Middle Initial) PERRY VALENTINE	PERRY VALENTINE			
Mailing Address 3675 MANDOLIN D	RIVE		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
City <u>HAMPSTEAD</u>	State MD	Zip Code 21074	Transaction ID: SA11AI.40368	
FEC ID number of contributing federal political committee.	C	21074	Amount of Each Receipt this Period 35.00	
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:		n OR-HOSPITALITY SERVICE • Year-to-Date ▼	<u> </u>	
Primary General Other (specify) ▼	Aggregate	490.00		
SUBTOTAL of Receipts This Page (optiona	D		85.00	

or for			X 11a 11b 11c 12 13 14 15 16 1
- I \	commercial purposes, other than using the MANE OF COMMITTEE (In Full)	atements may not be sold or used by any persor name and address of any political committee to s	n for the purpose of soliciting contributions
GI	ENESIS HEALTHCARE CORPORAT	ION POLITICAL ACTION COMMITTEE	
	ll Name (Last, First, Middle Initial) ERRY VALENTINE		Date of Receipt
	ailing Address 3675 MANDOLIN DRIV		07 23 7 2010
Cit H	ty AMPSTEAD	State Zip Code MD 21074	Transaction ID: SA11AI.40369 Amount of Each Receipt this Period
FE	C ID number of contributing deral political committee.	C	35.00
<u>IN</u>	ame of Employer ENESIS HEALTH VENTURES, C. eceipt For:	Occupation DIRECTOR-HOSPITALITY SERVICES Aggregate Year-to-Date	S
	Primary General Other (specify) ▼	525.00	
PE	II Name (Last, First, Middle Initial) ERRY VALENTINE	Date of Receipt	
Ma	ailing Address 3675 MANDOLIN DRIV	08 06 2010	
Cit	•	State Zip Code	Transaction ID: SA11AI.40370
FE	AMPSTEAD COLOR ID number of contributing deral political committee.	MD 21074	Amount of Each Receipt this Period 35.00
Na GE IN	ame of Employer ENESIS HEALTH VENTURES, C	Occupation DIRECTOR-HOSPITALITY SERVICES	- S
Re	eceipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 560.00	
	II Name (Last, First, Middle Initial) ERRY VALENTINE	Date of Receipt	
Ma	ailing Address 3675 MANDOLIN DRIV	08 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Cit	•	State Zip Code	Transaction ID: SA11AI.40371
FE	AMPSTEAD COLOR ID number of contributing deral political committee.	MD 21074	Amount of Each Receipt this Period 35.00
<u>IN</u>		Occupation DIRECTOR-HOSPITALITY SERVICES	S
Re	eceipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 595.00	
SUB	TOTAL of Receipts This Page (optional)	>	105.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 235 / 277 (check only one)
	II LIVIIZED NECEIF I 3		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORATION	TION POLIT	ICAL ACTION COMMITTEE	
ا 4.	Full Name (Last, First, Middle Initial) PERRY VALENTINE			Date of Receipt
	Mailing Address 3675 MANDOLIN DRIV	VΕ		0 9 0 3 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.40372
	HAMPSTEAD	MD	21074	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		35.00
	Name of Employer GENESIS HEALTH VENTURES, INC.	Occupatio DIRECT(n OR-HOSPITALITY SERVICE	S
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	630.00	
3.	Full Name (Last, First, Middle Initial) PERRY VALENTINE	Date of Receipt		
	Mailing Address 3675 MANDOLIN DRI	VΕ		09 17 2010
	City	State	Zip Code	Transaction ID: SA11AI.40373
	<u>HAMPSTEAD</u>	MD	21074	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		35.00
	Name of Employer GENESIS HEALTH VENTURES, INC.	Occupatio DIRECT(n OR-HOSPITALITY SERVICE	S
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 665.00	
).	Full Name (Last, First, Middle Initial) VICTORIA VALTON			Date of Receipt
	Mailing Address 112 EDGEWOOD RD			07 09 7 2010
	City	State	Zip Code	Transaction ID: SA11AI.40374
	TOWSON	MD	21286	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio DIRECT(n OR-EXTERNAL COMMUN	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	280.00	
	SUBTOTAL of Receipts This Page (optional)			90.00
-				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 236 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal part of any political committee to TION POLITICAL ACTION COMMITTEE	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) VICTORIA VALTON Mailing Address 112 EDGEWOOD RD City TOWSON FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General	State Zip Code MD 21286 C Occupation DIRECTOR-EXTERNAL COMMUN Aggregate Year-to-Date	Date of Receipt 0 7 2 3 2 0 1 0 Transaction ID: SA11AI.40375 Amount of Each Receipt this Period 20.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) VICTORIA VALTON Mailing Address 112 EDGEWOOD RD City TOWSON FEC ID number of contributing federal political committee.	300.00 State Zip Code MD 21286 C	Date of Receipt M M M / D D / Y Y Y Y Y O 8 0 6 2 0 1 0 Transaction ID: SA11AI.40376 Amount of Each Receipt this Period 20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ Full Name (Last, First, Middle Initial)	Occupation DIRECTOR-EXTERNAL COMMUN Aggregate Year-to-Date 320.00	
. VICTORIA VALTON Mailing Address 112 EDGEWOOD RD City TOWSON FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPOR-	State Zip Code MD 21286 C Occupation DIRECTOR-EXTERNAL COMMUN	Date of Receipt M M M
ATION Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	
SUBTOTAL of Receipts This Page (optional) .		60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 237/2// (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	ATION POLIT	ICAL ACTION COMMITTEE	:
Full Name (Last, First, Middle Initial) VICTORIA VALTON			Date of Receipt
Mailing Address 112 EDGEWOOD RI	09 03 2010		
City TOWSON	State MD	Zip Code 21286	Transaction ID: SA11AI.40378 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTO	n OR-EXTERNAL COMMUN	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) VICTORIA VALTON			Date of Receipt
Mailing Address 112 EDGEWOOD RD			0 9 1 7 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.40379
TOWSON FEC ID number of contributing federal political committee.	C	21286	Amount of Each Receipt this Period 20.00
Name of Employer GENESIS HEALTHCARE CORPOR-	Occupation	n	_
ATION	-	OR-EXTERNAL COMMUN	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 380.00	
Full Name (Last, First, Middle Initial) LIBBIE J. WADE			Date of Receipt
Mailing Address 144 PARK BOULEVARD			07 09 2010
City CLARKSBURG	State WV	Zip Code	Transaction ID: SA11AI.40380
FEC ID number of contributing federal political committee.	C	26301	Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTO	n DR-ELDERCARE CENTERS	── SREG
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00]
SUBTOTAL of Receipts This Page (optional)			90.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 238 / 277 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	e name and add	lress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) LIBBIE J. WADE Mailing Address 144 PARK BOULEVA City CLARKSBURG FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)	State WV C Occupation DIRECTO	OR-ELDERCARE CENTERS Year-to-Date ▼ 750.00	Date of Receipt M M M C D D C Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) LIBBIE J. WADE Mailing Address 144 PARK BOULEVA City CLARKSBURG FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)	State WV C Occupation DIRECTO	Zip Code 26301 DR-ELDERCARE CENTERS Year-to-Date ▼ 800.00	Date of Receipt M M M O B O B O C O O O O O O O O O O O O O O
Full Name (Last, First, Middle Initial) LIBBIE J. WADE Mailing Address 144 PARK BOULEVA City CLARKSBURG FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)	State WV C Occupation DIRECTO	Zip Code 26301 DR-ELDERCARE CENTERS Year-to-Date 850.00	Date of Receipt M M M 20 2010 Transaction ID: SA11AI.40383 Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional) .			150.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 239 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	Statements may not be sold or used by any perse name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) LIBBIE J. WADE Mailing Address 144 PARK BOULEVA City CLARKSBURG FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)	State Zip Code WV 26301 C Occupation DIRECTOR-ELDERCARE CENTER Aggregate Year-to-Date 900.00	Date of Receipt M M D D 2 0 1 0
Full Name (Last, First, Middle Initial) LIBBIE J. WADE Mailing Address 144 PARK BOULEVA City CLARKSBURG FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)	State Zip Code WV 26301 C Occupation DIRECTOR-ELDERCARE CENTER Aggregate Year-to-Date 950.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) KAREN M WELLS Mailing Address P.O. BOX 487 City UNIONVILLE FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)	State Zip Code PA 19375 C Occupation MANAGER-SR CORP ACCOUNTIN Aggregate Year-to-Date 280.00	Date of Receipt M M M O D D O Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		120.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 240 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORAT	name and ad	dress of any political committee to	solicit contributions from such committee.
\. \.	Full Name (Last, First, Middle Initial) KAREN M WELLS Mailing Address P.O. BOX 487 City	State	Zip Code	Date of Receipt 0 7 2 3 2 0 1 0 Transaction ID: SA11AI.40414
	UNIONVILLE FEC ID number of contributing federal political committee. Name of Employer	PA C Occupation	19375	Amount of Each Receipt this Period 20.00
	Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	MANAGI	ER-SR CORP ACCOUNTING e Year-to-Date ▼ 300.00	
3.	Full Name (Last, First, Middle Initial) KAREN M WELLS Mailing Address P.O. BOX 487			Date of Receipt M
	City	State	Zip Code	Transaction ID: SA11AI.40415
	UNIONVILLE FEC ID number of contributing federal political committee.	C	19375	Amount of Each Receipt this Period 20.00
	Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:	-	on ER-SR CORP ACCOUNTING e Year-to-Date ▼	<u>3</u>
	Primary General Other (specify) ▼	0 0	320.00	
:	Full Name (Last, First, Middle Initial) KAREN M WELLS			Date of Receipt
,	Mailing Address P.O. BOX 487			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City UNIONVILLE	State PA	Zip Code 19375	Transaction ID: SA11AI.40416 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:		ER-SR CORP ACCOUNTING	3
_	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 340.00	
	SUBTOTAL of Receipts This Page (optional)			60.00
	TOTAL This Period (last page this line number of	only)		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 241 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A or	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	e name and ad	dress of any political committee to	o solicit contributions from such committee.
\angle	GENESIS REALTHOARE CORPORA	ATION POLIT	TOAL ACTION COMMITTEE	=
Α.	Full Name (Last, First, Middle Initial) KAREN M WELLS Mailing Address P.O. BOX 487			Date of Receipt
				09 03 2010
	City UNIONVILLE	State PA	Zip Code 19375	Transaction ID: SA11AI.40417 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer GENESIS HEALTH VENTURES, INC.	Occupatio MANAGI	er-SR CORP ACCOUNTING	G
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 360.00	
	Full Name (Last, First, Middle Initial) KAREN M WELLS	1		Date of Receipt
	Mailing Address P.O. BOX 487			09 17 2010
	City UNIONVILLE	State PA	Zip Code	Transaction ID: SA11AI.40418
	FEC ID number of contributing federal political committee.	C	19375	Amount of Each Receipt this Period 20.00
	Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation MANAGI	n ER-SR CORP ACCOUNTIN	G
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 380.00	
:.	Full Name (Last, First, Middle Initial) DAVID G WENDT			Date of Receipt
	Mailing Address 7202 VERBENA AVE	NUE		$\begin{bmatrix} M & M & / & D & D & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$
	City	State	Zip Code	Transaction ID: SA11Al.40419
	BALTIMORE FEC ID number of contributing federal political committee.	C	21209	Amount of Each Receipt this Period 38.46
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation ADMINIS	on STRATOR	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 484.23	
				78.46

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary F	the (crieck only only)
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by the name and address of any political cor	any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
GENESIS HEALTHCARE CORPOR	ATION POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) DAVID G WENDT		Date of Receipt
Mailing Address 7202 VERBENA AV	ENUE	07 16 2010
City	State Zip Code	Transaction ID: SA11AI.40420
BALTIMORE FEC ID number of contributing federal political committee.	MD 21209	Amount of Each Receipt this Period 38.46
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General	Occupation ADMINISTRATOR Aggregate Year-to-Date ▼	2.69
Other (specify) ▼ Full Name (Last, First, Middle Initial) DAVID G WENDT Mailing Address 7202 VERBENA AV	0 0 0 0 0 0 0	Date of Receipt
City BALTIMORE	State Zip Code MD 21209	Transaction ID: SA11AI.40421 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPOR-	Occupation	38.46
ATION Receipt For: Primary General Other (specify)	ADMINISTRATOR Aggregate Year-to-Date ▼ 56	1.15
Full Name (Last, First, Middle Initial) DAVID G WENDT		Date of Receipt
Mailing Address 7202 VERBENA AV	ENUE	0 8 1 3 2 0 1 0
City BALTIMORE	State Zip Code MD 21209	Transaction ID: SA11AI.40422 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation ADMINISTRATOR	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 599	9.61
SUBTOTAL of Receipts This Page (optional)	115.38

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 243 / 277 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DAVID G WENDT Mailing Address 7202 VERBENA AVE	:NUE		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BALTIMORE FEC ID number of contributing federal political committee.	State MD	Zip Code 21209	Transaction ID: SA11AI.40423 Amount of Each Receipt this Period 38.46
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼		n STRATOR e Year-to-Date ▼ 638.07	
Full Name (Last, First, Middle Initial) DAVID G WENDT Mailing Address 7202 VERBENA AVE	NUE		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BALTIMORE FEC ID number of contributing	State MD	Zip Code 21209	Transaction ID: SA11AI.40424 Amount of Each Receipt this Period
federal political committee. Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼		n STRATOR e Year-to-Date ▼ 676.53	38.46
Full Name (Last, First, Middle Initial) DAVID G WENDT Mailing Address 7202 VERBENA AVE	NUE		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BALTIMORE FEC ID number of contributing federal political committee.	State MD	Zip Code 21209	Transaction ID: SA11AI.40425 Amount of Each Receipt this Period 38.46
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	Occupatio ADMINIS	n STRATOR e Year-to-Date ▼ 714.99	1
SUBTOTAL of Receipts This Page (optional)			115.38

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate scheduler for each category of the Detailed Summary Page	(Crieck only one)
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	name and address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOSEPH W. WILKS Mailing Address 101 KINSTON LN City DOWNINGTOWN FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)	State Zip Code PA 19335 C Occupation VICE PRESIDENT-FINANCIAL Aggregate Year-to-Date 1050.0	
Full Name (Last, First, Middle Initial) JOSEPH W. WILKS Mailing Address 101 KINSTON LN City DOWNINGTOWN FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)	State Zip Code PA 19335 C Occupation VICE PRESIDENT-FINANCIAL Aggregate Year-to-Date	
Full Name (Last, First, Middle Initial) JOSEPH W. WILKS Mailing Address 101 KINSTON LN City DOWNINGTOWN FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)	State Zip Code PA 19335 C Occupation VICE PRESIDENT-FINANCIAL Aggregate Year-to-Date 1200.0	
SUBTOTAL of Receipts This Page (optional)		225.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for e	e separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 245 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	e name and address o	f any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOSEPH W. WILKS Mailing Address 101 KINSTON LN City DOWNINGTOWN FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)	PA 19	p Code 9335 ENT-FINANCIAL SYST o-Date ▼ 1275.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) JOSEPH W. WILKS Mailing Address 101 KINSTON LN City DOWNINGTOWN FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)	PA 19	p Code 9335 ENT-FINANCIAL SYST	Date of Receipt M M M / D D / Y Y Y Y Y O 9 / O 3 / 2 0 1 0 Transaction ID: SA11AI.40430 Amount of Each Receipt this Period 75.00
Full Name (Last, First, Middle Initial) JOSEPH W. WILKS Mailing Address 101 KINSTON LN City DOWNINGTOWN FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)	PA 19	p Code 9335 ENT-FINANCIAL SYST 0-Date ▼ 1425.00	Date of Receipt M M M / D D / Y Y Y Y O 9 1 7 2 0 1 0 Transaction ID: SA11AI.40431 Amount of Each Receipt this Period 75.00
SUBTOTAL of Receipts This Page (optional)	1		225.00

I	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and Sta	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 246 / 277 (check only one) X
A .	or for commercial purposes, other than using the normal NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORATI Full Name (Last, First, Middle Initial) JOANNE M. WISELY			Date of Receipt
	Mailing Address 118 DEEPDALE ROAD City WAYNE	State PA	Zip Code 19087	Transaction ID: SA11AI.40432 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)		n OR-REGULATORY AFFAIRS e Year-to-Date ▼ 224.00	16.00
В.	Full Name (Last, First, Middle Initial) JOANNE M. WISELY Mailing Address 118 DEEPDALE ROAD City WAYNE FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)		Zip Code 19087 n OR-REGULATORY AFFAIRS e Year-to-Date ▼ 240.00	Date of Receipt M M M / D D M 2 3 / 2 0 1 0 Transaction ID: SA11AI.40433 Amount of Each Receipt this Period 16.00
c .	Full Name (Last, First, Middle Initial) JOANNE M. WISELY Mailing Address 118 DEEPDALE ROAD City WAYNE FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	-	Zip Code 19087 on OR-REGULATORY AFFAIRS e Year-to-Date 256.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 247 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercia	al purposes, other than using the OMMITTEE (In Full)	name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (L JOANNE M. V Mailing Addre)		Date of Receipt
City WAYNE FEC ID numl	per of contributing	State PA	Zip Code 19087	Transaction ID: SA11AI.40435 Amount of Each Receipt this Period 16.00
Name of Emp GENESIS H ATION Receipt For:	ployer EALTHCARE CORPOR- General Specify)		n OR-REGULATORY AFFAIRS e Year-to-Date ▼ 272.00	
B. JOANNE M. V Mailing Addre City WAYNE FEC ID numl		State PA	Zip Code 19087	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ATION Receipt For: Primary	oloyer EALTHCARE CORPOR- / General specify)		n OR-REGULATORY AFFAIRS e Year-to-Date ▼ 288.00	S
Full Name (L JOANNE M. V Mailing Addre)		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	per of contributing al committee.	State PA	Zip Code 19087	Transaction ID: SA11AI.40437 Amount of Each Receipt this Period 16.00
ATION Receipt For: Primary	oloyer EALTHCARE CORPOR- General specify)		n OR-REGULATORY AFFAIRS e Year-to-Date ▼ 304.00	
SUBTOTAL of	Receipts This Page (optional)			48.00

FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify) ▼	R: PAGE 248 / 277
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) DONNA WIXTED Mailing Address 1108 KENT LANE City PHILADELPHIA PA 19115 FEC ID number of contributing federal political committee. City Primary General Other (specify) PHILADELPHIA PA 19115 FEC ID number of contributing federal political committee. City State Zip Code PA 19115 Coccupation VP -FOOD AND NUTRIONAL SVS Aggregate Year-to-Date PA 19115 FEC ID number of contributing federal political committee. City State Zip Code PHILADELPHIA PA 19115 FEC ID number of contributing federal political committee. City State Zip Code PHILADELPHIA PA 19115 FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) DONNA WIXTED Mailing Address 1108 KENT LANE City State Zip Code PA 19115 Date of Receipt Transaction ID: Amount of Each F Date of Receipt Transaction ID: Amount of Each F Date of Receipt Transaction ID: Amount of Each F Date of Receipt Transaction ID: Amount of Each F City PHILADELPHIA PA 19115 FEC ID number of contributing federal political committee. City PHILADELPHIA PA 19115 Amount of Each F Coccupation Occupation VP -FOOD AND NUTRIONAL SVS Amount of Each F Occupation VP -FOOD AND NUTRIONAL SVS Amount of Each F Occupation VP -FOOD AND NUTRIONAL SVS Amount of Each F Occupation VP -FOOD AND NUTRIONAL SVS Amount of Each F Occupation VP -FOOD AND NUTRIONAL SVS Amount of Each F Occupation VP -FOOD AND NUTRIONAL SVS Amount of Each F Occupation VP -FOOD AND NUTRIONAL SVS Amount of Each F Occupation VP -FOOD AND NUTRIONAL SVS Amount of Each F OCCUPATION OCCUPATION VP -FOOD AND NUTRIONAL SVS Amount of Each F OCCUPATION OCCUPATION VP -FOOD AND NUTRIONAL SVS	iciting contributions m such committee.
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ATION Receipt For: Primary	50.00
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Primary General Other (specify) ▼	
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Primary General Other (specify) ▼ 800.00	

ITEMIZED REG		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 249 / 277 (check only one) X 11a
or for commercial purp	oses, other than using the name ar TTEE (In Full)	s may not be sold or used by any persond address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
City PHILADELPHIA FEC ID number of federal political con	Sta PA Contributing Innittee. C HCARE CORPOR- General General	'	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, Find Donna Wixted Mailing Address City PHILADELPHIA FEC ID number of federal political confidence.	rst, Middle Initial) I 108 KENT LANE Sta PA contributing mittee. HCARE CORPOR- Occu VP - Aggr	•	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 250 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
· · · · · · · · · · · · · · · · · · ·	ATION POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) A. PATRICIA S WORHUNSKY-QUINN Mailing Address 45 PROSPECT ST		Date of Receipt
		09 17 2010
City	State Zip Code	Transaction ID: SA11AI.40463
TERRYVILLE	CT 06786	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP OPERATIONS	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	240.00	
Full Name (Last, First, Middle Initial) JUDSON WORTH		Date of Receipt
Mailing Address PO BOX 339		07 09 7 2010
City MARLINTON	State Zip Code WV 24954	Transaction ID: SA11AI.40464
FEC ID number of contributing federal political committee.	WV 24954	Amount of Each Receipt this Period
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation ADMINISTRATOR-SR	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) JUDSON WORTH		Date of Receipt
Mailing Address PO BOX 339		0 7 2 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.40465
MARLINTON	WV 24954	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation ADMINISTRATOR-SR	
Receipt For: Primary General	Aggregate Year-to-Date ▼	, [
Other (specify) ▼	225.00	
SUBTOTAL of Receipts This Page (optional)		70.00
TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 251 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persong the name and address of any political committee to RATION POLITICAL ACTION COMMITTEE	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JUDSON WORTH Mailing Address PO BOX 339		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City MARLINTON	State Zip Code WV 24954	Transaction ID: SA11AI.40466 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	Occupation ADMINISTRATOR-SR Aggregate Year-to-Date 240.00	
Full Name (Last, First, Middle Initial) JUDSON WORTH Mailing Address PO BOX 339		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.40467
MARLINTON FEC ID number of contributing federal political committee.	WV 24954	Amount of Each Receipt this Period
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation ADMINISTRATOR-SR Aggregate Year-to-Date ▼ 255.00	
Full Name (Last, First, Middle Initial) JUDSON WORTH Mailing Address PO BOX 339		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.40468
MARLINTON FEC ID number of contributing federal political committee.	WV 24954	Amount of Each Receipt this Period
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:	Occupation ADMINISTRATOR-SR	_
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
SUBTOTAL of Receipts This Page (optional)	45.00
TOTAL This Period (last page this line numb	per only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 252 / 277 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	e name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JUDSON WORTH Mailing Address PO BOX 339 City MARLINTON FEC ID number of contributing	State Zip Code WV 24954	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼	Occupation ADMINISTRATOR-SR Aggregate Year-to-Date 285.00	
Full Name (Last, First, Middle Initial) JACK WRIGHT Mailing Address 834 NEWHALL ROAD City KENNETT SQUARE FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)	Occupation VP-PROPERTY MANAGEMENT Aggregate Year-to-Date 490.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.40470 Amount of Each Receipt this Period 35.00
Full Name (Last, First, Middle Initial) JACK WRIGHT Mailing Address 834 NEWHALL ROAD City KENNETT SQUARE FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)	State Zip Code PA 19348 C Occupation VP-PROPERTY MANAGEMENT Aggregate Year-to-Date 525.00	Date of Receipt M M / D D / Y Y Y Y Y O 7 2 3 2 0 1 0 Transaction ID: SA11AI.40471 Amount of Each Receipt this Period 35.00
SUBTOTAL of Receipts This Page (optional)		85.00

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 253 / 277 (check only one) X
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	Full Name (Last, First, Middle Initial) JACK WRIGHT Mailing Address 834 NEWHALL ROAD		7:o Oodo	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City KENNETT SQUARE	State PA	Zip Code 19348	Transaction ID: SA11AI.40472
	FEC ID number of contributing federal political committee.	C	19346	Amount of Each Receipt this Period 35.00
	Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼		PERTY MANAGEMENT Year-to-Date 560.00	
·-	Full Name (Last, First, Middle Initial) JACK WRIGHT Mailing Address 834 NEWHALL ROAD			Date of Receipt 0 8 2 0 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.40473
	KENNETT SQUARE	PA	19348	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		35.00
	Name of Employer GENESIS HEALTH VENTURES, INC.		PERTY MANAGEMENT	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 595.00	
	Full Name (Last, First, Middle Initial) JACK WRIGHT			Date of Receipt
	Mailing Address 834 NEWHALL ROAD			0 9 0 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.40474
	KENNETT SQUARE	PA	19348	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		35.00
	Name of Employer GENESIS HEALTH VENTURES, INC.		PERTY MANAGEMENT	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 630.00	
SI	JBTOTAL of Receipts This Page (optional)			105.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 254 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	e name and ad	dress of any political committee to	o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) JACK WRIGHT Mailing Address 834 NEWHALL ROAD City KENNETT SQUARE FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)	State PA C Occupation VP-PRO	Zip Code 19348 on PERTY MANAGEMENT e Year-to-Date ▼ 665.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) CHRISTINA YOUNG Mailing Address 5008 DEER DRIVE City DOWNINGTOWN FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	 	Zip Code 19335 on ER-INFORMATION SVS II e Year-to-Date ▼ 210.00	Date of Receipt M M M / D D / Y Y Y Y Y O 7 0 9 2 0 1 0 Transaction ID: SA11AI.40488 Amount of Each Receipt this Period 15.00
С.	Full Name (Last, First, Middle Initial) CHRISTINA YOUNG Mailing Address 5008 DEER DRIVE City DOWNINGTOWN FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)		Zip Code 19335 on ER-INFORMATION SVS II e Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 255 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	e name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CHRISTINA YOUNG Mailing Address 5008 DEER DRIVE City DOWNINGTOWN FEC ID number of contributing federal political committee.	State PA	Zip Code 19335	Date of Receipt M M M D D D D D D D D D D D D D D D D
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼		ER-INFORMATION SVS II EYear-to-Date 240.00	
Full Name (Last, First, Middle Initial) CHRISTINA YOUNG Mailing Address 5008 DEER DRIVE City DOWNINGTOWN FEC ID number of contributing federal political committee. Name of Employer	State PA C	Zip Code 19335	Date of Receipt M M M / D D / Y Y Y Y Y 0 8 2 0 1 0 Transaction ID: SA11AI.40491 Amount of Each Receipt this Period 15.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) CHRISTINA YOUNG	-, '	ER-INFORMATION SVS II e Year-to-Date ▼ 255.00	Date of Receipt
Mailing Address 5008 DEER DRIVE City DOWNINGTOWN FEC ID number of contributing federal political committee. Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify) ▼	-, '	Zip Code 19335 n ER-INFORMATION SVS II e Year-to-Date ▼ 270.00	Transaction ID: SA11AI.40492 Amount of Each Receipt this Period 15.00
SUBTOTAL of Receipts This Page (optional)			45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and Sta	atamants may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 256 / 277 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using the n NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORATI	name and add	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CHRISTINA YOUNG Mailing Address 5008 DEER DRIVE			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.40493
DOWNINGTOWN FEC ID number of contributing federal political committee.	C	19335	Amount of Each Receipt this Period 15.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼		ER-INFORMATION SVS II Year-to-Date 285.00	
Full Name (Last, First, Middle Initial) STEPHEN S YOUNG Mailing Address 807 MERRIMAC LANE PO BOX 766	01-1-	7.0.4	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City UNIONVILLE FEC ID number of contributing federal political committee.	State PA	Zip Code 19375	Transaction ID: SA11AI.40507 Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		n OR-SR FINANCIAL RPT 9 Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) STEPHEN S YOUNG			Date of Receipt
Mailing Address 807 MERRIMAC LANE PO BOX 766			07 23 7 2010
City UNIONVILLE	State PA	Zip Code 19375	Transaction ID: SA11AI.40508 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	-	OR-SR FINANCIAL RPT	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional)			115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 257 / 277 (check only one) X 11a 11b 11c 12
Any information copied from such Reports a	nd Statements may not be sold or used by any person	13 14 15 16 1
or for commercial purposes, other than using	g the name and address of any political committee to	oslicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPO	RATION POLITICAL ACTION COMMITTEE	<u>:</u>
Full Name (Last, First, Middle Initial) STEPHEN S YOUNG		Date of Receipt
Mailing Address 807 MERRIMAC L. PO BOX 766		08 06 2010
City	State Zip Code	Transaction ID: SA11AI.40509
UNIONVILLE	PA 19375	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTOR-SR FINANCIAL RPT	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	800.00	
Full Name (Last, First, Middle Initial) STEPHEN S YOUNG	<u> </u>	Date of Receipt
Mailing Address 807 MERRIMAC L. PO BOX 766		08 20 7 2010
City	State Zip Code	Transaction ID: SA11AI.40510
UNIONVILLE	PA 19375	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTOR-SR FINANCIAL RPT	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	850.00]
Full Name (Last, First, Middle Initial) STEPHEN S YOUNG	l	Date of Receipt
Mailing Address 807 MERRIMAC L. PO BOX 766	ANE	09 / 03 / 2010
City	State Zip Code	Transaction ID: SA11AI.40511
UNIONVILLE	PA 19375	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTOR-SR FINANCIAL RPT	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	900.00]
CURTOTAL of Descints This Description		150.00
SOBTOTAL OF Necepts This Page (options	al)	

TOTAL This Period (last page this line number only)

PAGE 258 / 277 **SCHEDULE A (FEC Form 3X)** FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c Detailed Summary Page 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) STEPHEN S YOUNG Date of Receipt Mailing Address 807 MERRIMAC LANE 09 17 2010 **PO BOX 766** City State Zip Code Transaction ID: SA11AI.40512 **UNIONVILLE** PA 19375 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer GENESIS HEALTHCARE CORPOR-Occupation DIRECTOR-SR FINANCIAL RPT **ATION** Receipt For: Aggregate Year-to-Date General Primary 950.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	50.00
TOTAL This Period (last page this line number only)	•	37091.87

SCHEDULE A (FEC Form 3X)		FOR	LINE	NUN	ИBER:	PAG	E 259	/ 277			
ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the	(ched	(check only one)								
II EMIZED RECEIPTS		Detailed Summary Page		11a 13	11b 11c 12 14 15 X 16 rpose of soliciting contributions ibutions from such committee.		_					
Any information copied from such Reports and or for commercial purposes, other than using t	I Statements may	not be sold or used by any perso dress of any political committee to	n for the	e purp	ose	of solicit	ing cor	tributio	ns	_		
NAME OF COMMITTEE (In Full)		and the second s							<u> </u>	\dashv		
GENESIS HEALTHCARE CORPOR	ATION POLIT	ICAL ACTION COMMITTEE										
Full Name (Last, First, Middle Initial) ARLEN SPECTER			D	ate of	Rec	eipt				_		
Mailing Address 4111 TIMBER LANE				м м 0 7] ′ [/ Y					
City	State	Zip Code	Tr	ransac	ction	ID: SA	16.39	166				
PHILADELPHIA	PA	19122	A	mount	t of E	ach Re	ceipt th	is Perio	od			
FEC ID number of contributing federal political committee.	C S6P	A00100						1500.	00			
Name of Employer	Occupation	1	Re	efund	of c	ontribu	tions					
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00										

		1500.00
SUBTOTAL of Receipts This Page (optional)		1300.00
TOTAL This Period (last page this line number only)	•	1500.00

SCHEDULE B (FEC Form 3X)	Use sepa	rate schedule(s)		_		_	ER:			PA	GE	260 /	277
TEMIZED DISBURSEMENTS	for each o	category of the Summary Page		<u>`</u>	21b 27	22	Transaction ID: SB21B.39153 Date of Disbursement Moderate of Disburse						
Any Information copied from such Reports and Stateme													
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORATION						iicit cor	liibu	110115 1	10111	Sucire	,011111	iiiiiee	
Full Name (Last, First, Middle Initial) Mellon Bank											3.39	153	
Mailing Address 7th and Market Streets						0 ^M 7	, M	/ D	2 3	/ Y	ž	0 Ť 0	Υ
,	State PA	Zip Code 19101				Amo	unt d	of Eac	h Di	sburse	men	t this P	eriod
Purpose of Disbursement Bank fee			Г	001					_		3	00.00	_
Candidate Name			С	atego Type	-								
	ment For: Primary Other (spe	General											
State: District: Full Name (Last, First, Middle Initial)						Trar	sact	ion IE): :	SB21F	3.39	154	
Mellon Bank						Date	of D	isbur	sem	ent			_
Mailing Address 7th and Market Streets						8 ^M 0	3 ^M	/ D	23	/ Y	ž	0 1 0	Y
	State PA	Zip Code 19101				Amo	unt d	of Eac	h Di	sburse	men	t this P	erioc
Purpose of Disbursement Bank fee				001		L			0		3	00.11	
Candidate Name			С	atego Type									
President	ment For: Primary Other (spec	General cify) ▼											
State: District: Full Name (Last, First, Middle Initial) Wachovia Bank								ion IC		SB21E	3.39	157	
Mailing Address 400 Scarlett Road						0,8) M	/ D	1 0	/ Y	ž	0 1 0	Y
	State PA	Zip Code 19348				Amo	unt d	of Eac	h Di	sburse	-		-
Purpose of Disbursement bank fee				001							;	36.00	•
Candidate Name			С	atego Type									
President	ment For: Primary Other (spe	General cify)											
State: District:													
SUBTOTAL of Disbursements This Page (optional)											63	36.11	
TOTAL This Period (last page this line number only) .					•						63	36.11	

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N		PAGE 261 / 277
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 2 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)	and address of any political col	minitiee to som	Cit Contributions from	II Sucii committee
GENESIS HEALTHCARE CORPORATION	POLITICAL ACTION COM	MITTEE		
Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS			Transaction ID: Date of Disburser	
Mailing Address 14 KNIGHTSWOOD DRI	VE		09 / 27	7 2010
•	State Zip Code NJ 08053		Amount of Each D	Disbursement this Period
Purpose of Disbursement		011		1000.00
Candidate Name		Category/ Type		
Senate President	ment For: 2010 Primary X General Other (specify) ▼			
State: NJ District: 03				
Full Name (Last, First, Middle Initial) AMERICAN HEALTH CARE ASSOCIATIO TTEE	N POLITICAL ACTION CO	MMI-	Transaction ID: Date of Disbursen	ment
Mailing Address 1201 L Street, NW			07	7 2010
	State Zip Code DC 20005		Amount of Each D	Disbursement this Period
Purpose of Disbursement		012		2500.00
Candidate Name		Category/ Type		
Senate President	ment For: 2010 Primary X General Other (specify) ▼			
State: District: Full Name (Last, First, Middle Initial) ANDREWS FOR CONGRESS			Transaction ID: Date of Disburser	
Mailing Address PO Box 295			09 08	8 2010
	State Zip Code NJ 08107		Amount of Each D	Disbursement this Period
Purpose of Disbursement		011		1000.00
Candidate Name		Category/ Type		
Office Sought: X House Senate President State: NJ District: 01	ment For: 2010 Primary X General Other (specify)			
SUBTOTAL of Disbursements This Page (optional) .				4500.00
TOTAL This Period (last page this line number only)				

SCHEDULE B (FEC Form 3X)

TEMES DISCUSSION	Use separate schedule(s	(check on	= NUMBER: PAGE 262/2// ly one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29
Any Information copied from such Reports and State or for commercial purposes, other than using the natural NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORATION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	ame and address of any politic	al committee to se	
/			
Full Name (Last, First, Middle Initial) ANNA ESHOO FOR CONGRESS			Transaction ID: SB23.39105 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 555 Capitol Mall, Suite	1425		00 24 2010
City Sacramento	State Zip Code CA 95814	1	Amount of Each Disbursement this Period
Purpose of Disbursement		011	1000.00
Candidate Name		Category/ Type	
Senate President	rsement For: 2010 Primary X General Other (specify) ▼	•	
State: CA District: 14 Full Name (Last, First, Middle Initial)			
BECERRA FOR CONGRESS			Transaction ID: SB23.39139 Date of Disbursement
Mailing Address P.O. Box 261060			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Los Angeles	State Zip Code CA 90026		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	1000.00
Candidate Name		Category/ Type	
Office Sought: X House Senate President State: CA District: 31	rsement For: 2010 Primary X General Other (specify)	Г	
Full Name (Last, First, Middle Initial) BENNET FOR COLORADO			Transaction ID: SB23.39100 Date of Disbursement
Mailing Address 1900 GRANT STREE	SUITE 1170		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City DENVER	State Zip Code CO 80203		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	1000.00
Candidate Name		Category/ Type	
X Senate President	rsement For: 2012 X Primary General Other (specify) ▼		
State: CO District: 00			

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NAME OF COMMITT GENESIS HEALTI	EE (In Full)						011011				<u> </u>
Full Name (Last, First BENNET FOR CO								action ID		.39118	
Mailing Address	1900 GRANT S	TREET SUIT	E 1170)			0 9	M / D	3 /	^Y 201	0 Y
City DENVER		State CO		Zip Code 80203			Amou	nt of Each	Disburs	ement this	Period
Purpose of Disbursen	nent				0	11	<u> </u>			2000.0	0
Candidate Name						egory/ ype					
	House Senate President	Disbursement Prin Oth	nary	2010 X General cify) ▼							
Full Name (Last, First							Trans	action ID	: SB23	.39109	
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Mailing Address &	330 NE Hollada	y, #105 State		Zip Code						ement this	
Portland		OR		97232			711100	int of East	Biobaio		
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Office Sought: X	House	Disbursement		2010	T	ype	_				
State: OR Dis	Senate President strict: 03	Prin Oth	-	X General cify) ▼							
Full Name (Last, First BOEHNER FOR S	. ,	MITTEE						action ID of Disburs		.39107	
	631-B Pennsylv Basement Unit	ania Ave., SE					0 ^M 8	M / D	24	žoi	0 Y
City Washington		State DC		Zip Code 20003			Amou	nt of Each	Disburs	ement this	
Purpose of Disbursen	nent				0	11	L.			3000.0	Ú
Candidate Name					Cate	egory/ ype					
Office Sought:	House Senate President	Disbursement Prin	nary	2010 X General cify) ▼							
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State: Dis											

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	ny Information copied from such Reports and Staten for commercial purposes, other than using the nam													1
	NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORATION													
۷.	Full Name (Last, First, Middle Initial) CAMP, DAVID LEE										SB23	3.390)77	
	Mailing Address 5905 Wimbledon Ct.						0 ^M 7	, M	/ [1	^D /	Y	ž o ť c	Y
	City Midland	State MI	Zip Code 48642				Amo	unt c	of Ea	ch I	Disburs			-
	Purpose of Disbursement				01	_						20	00.00	
	Candidate Name Office Sought: X House Disburse	ement For:	2010		ateg Typ	-	-							
	Senate President State: MI District: 04	Primary Other (spe	X General											
	Full Name (Last, First, Middle Initial) CASEY, ROBERT P JR										SB23	3.391	103	
	Mailing Address PO BOX 58746						0 8	M	/ [1	8 /	Y 2	žo i c	Y
	City PHILADELPHIA	State PA	Zip Code 19102				Amo	unt c	of Ea	ch I	Disburs	emer	nt this F	Period
	Purpose of Disbursement				01							20	00.00	
	Candidate Name			С	ateg Typ		-							
	X Senate X President	ement For: Primary Other (spe	2012 General cify)											
_	State: PA District: 00 Full Name (Last, First, Middle Initial) CHRIS COONS FOR DELAWARE										SB20	3.391	150	
	Mailing Address PO BOX 9900						0 8	M	/ [2	^D /	Y	žo i c	Y
	City NEWARK	State DE	Zip Code 19714				Amo	unt c	of Ea	ch I	Disburs			-
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE 265 / 277
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	22 X 23 28a 28b	24 25 2 28c 29 3
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORATION	POLITICAL ACTION C	OMMITTEE		
Full Name (Last, First, Middle Initial) CROWLEY FOR CONGRESS			Transaction ID: Date of Disbursem	ent
Mailing Address 84-56 Grand Avenue			09 / 10	y žo jo
	tate Zip Code NY 11373		Amount of Each Di	sbursement this Period
Purpose of Disbursement		011		1000.00
Candidate Name	0040	Category/ Type		
Office Sought: X House Senate President State: NY District: 07	nent For: 2010 Primary X General Other (specify)			
Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAMPAIGN	COMMITTEE		Transaction ID: Date of Disbursem	ent
Mailing Address 120 MARYLAND AVE NE			0 9 1 0	Y ŽOŤOŤ
	tate Zip Code DC 20002		Amount of Each Di	sbursement this Period
Purpose of Disbursement		012		2500.00
Candidate Name	t Farry 0010	Category/ Type		
Office Sought: House Disburser Senate President State: District:	nent For: 2010 Primary X General Other (specify)			
Full Name (Last, First, Middle Initial) DENT, CHARLES W REP			Transaction ID: Date of Disbursem	ent
Mailing Address 3626 EVENING STAR TE	RRACE		07 19	['] 2010 [']
	rtate Zip Code PA 18104		Amount of Each Di	sbursement this Period
Purpose of Disbursement		011		1000.00
Candidate Name		Category/ Type		
Office Sought: X House Disburser Senate President State: PA District: 15	nent For: 2010 Primary X General Other (specify)			
SUBTOTAL of Disbursements This Page (optional)				4500.00
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`		ALTHCARE CORP	ORATION	POLITIC	CAL ACTION C	ОМ	МІТ	TEE								
	Il Nama (Last	First, Middle Initial)														
	ENT, CHARL	,							Date	of D	Disb	urser				
Ma	ailing Address	3626 EVENING	STAR TE	ERRACE					o ^M S	M	′	^D 2	7 /	ÝŽ	0 1 0) ^Y
City AL	ty LENTOWN			State PA	Zip Code 18104				Amo	unt (of Ea	ach [Disburs	emer	t this F	- Perio
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	ate: PA	District: 15 First, Middle Initial)							_			<u></u>	ODOO		17	
	,	OR CONGRESS								of D		urser	SB23 ment			
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Cit				State	Zip Code				Amo	unt	of Ea	ach [Disburs	emer	t this F	- Perio
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	III Name (Last, ric PAC	First, Middle Initial)	•										SB23	3.390	76	
Ma	ailing Address	209 Pennsylva	nia Avenue	e SE					0 ^M 7	, M	/	^D 1	4 /	Y 2	010) ^Y
Cit	ty ashington			State DC	Zip Code 20003				Amo	unt (of E	ach [Disburs	emer	t this F	Peric
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		d from such Report poses, other than us													
1		IITTEE (In Full) LTHCARE CORI	PORATION	N POLITIC	AL ACTION C	OMN	NITTEE								
	•	First, Middle Initial) FOR CONGRES	S					Da	ate of	ction ID Disburs	ement				
Mail	iling Address	PO Box 185							9	/ D	0 8	Y	ž 0 1	0 1	
City Lar	/ nghorne			State PA	Zip Code 19047			Ar	noun	of Each	n Disbu	ırsem	ent this	Perio	bc
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	ice Sought: te: PA	X House Senate President District: 08	Disburse	ement For: Primary Other (spe	2010 X General ecify) ▼										
	,	First, Middle Initial) GLENN THOMPS	SON					1		ction ID Disburs			9078		
Mail	iling Address	198 PARK RC	AD					C	7 ^M	/ D	1 9	Y	^y 0 1	0 ^Y	
City HO	/)WARD			State PA	Zip Code 16841			Ar	noun	of Each	n Disbu	ırsem	ent this	Perio	od
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Full		First, Middle Initial)	-1							ction ID			9148		
Mail	iling Address	649 Deep Holl	ow Lane					C	9	/ D	27	Y	ž 0 ĭ	0 ^Y	
City	/ ester Spring	S		State PA	Zip Code 19425			Ar	noun	of Eacl	n Disbu	ırsem	ent this	Perio	od
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	NUMBER:	PA	GE 268	3 / 277
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 28c	25 29	26 30b
Any Information copied from such Reports and States or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)	· · · · · · · · · · · · · · · · · · ·					
GENESIS HEALTHCARE CORPORATIO	N POLITICAL ACTION COM	MMITTEE				
Full Name (Last, First, Middle Initial) JIM RENACCI FOR CONGRESS			Transaction ID Date of Disburs	ement	39087	
Mailing Address 150 Smokerise Drive			07 7 2	26 / Y	ž 0 1	0 Y
City Wadsworth	State Zip Code OH 44281		Amount of Each	Disburse	ment this	Period
Purpose of Disbursement	Г				1000.0	00
Candidate Name		011 Category/ Type				
Senate President	ement For: 2010 Primary X General Other (specify)					
State: OH District: 16						
Full Name (Last, First, Middle Initial) KIRK FOR SENATE			Transaction ID Date of Disburs	ement		V
Mailing Address P.O. Box 8			07 / 2	26 / Y	ž 0 1	0
City Winnetka	State Zip Code IL 60093		Amount of Each	Disburse		
Purpose of Disbursement	Г	011			1000.0	00
Candidate Name		Category/ Type				
Office Sought: House Disburs X Senate President	ement For: 2010 Primary X General Other (specify)					
State: IL District: 10						
Full Name (Last, First, Middle Initial) MAJORITY COMMITTEE PACMC PAC			Transaction ID Date of Disburs	ement		V
Mailing Address P.O. BOX 10134			08 / 02	2 4 Y	ž 0 1	0
City BAKERSFIELD	State Zip Code CA 93389		Amount of Each	Disburse		
Purpose of Disbursement		010			2500.0	00
Candidate Name		012 Category/ Type				
Office Sought: House Disburs Senate President	ement For: 2010 Primary X General Other (specify)					
State: District:	•					
SUBTOTAL of Disbursements This Page (optional)		>			4500.0	0

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	NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORATIO					SONOR CON		TOTT SUCTIV	Committee	
<u></u>	Full Name (Last, First, Middle Initial) MEEHAN, PATRICK L						saction ID	D: SB23	.39146	
	Mailing Address 50 S PROVIDENCE RO	AD				0 ^M 9	M / D	27	ž01(O Y
	City MEDIA	State PA	Zip Code 19063			Amo	unt of Eac	h Disburse	ement this	
	Purpose of Disbursement				011	L.			2500.00)
	Candidate Name				ategory/ Type					
	Senate President	ement For: Primary Other (spe	2010 X General cify) ▼							
	State: PA District: 07 Full Name (Last, First, Middle Initial) MICHELE ROLLINS CONGRESS 2010							D: SB23	.39101	
	Mailing Address PO BOX 1026					0 8	of Disburs		Ý 2010) Y
	City WILMINGTON	State DE	Zip Code 19899			Amo	unt of Eac	h Disburse	ement this	Period
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	Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRESS						saction IE of Disburs	SB23.	.39106	
	Mailing Address 5429 Madison Avenue					0 ^M 8	M / D	24	ž010) Y
	City Sacramento	State CA	Zip Code 95841			Amo	unt of Eac	h Disburse	ement this	Period
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NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CO								
Full Name (Last, First, Middle Initial NATIONAL REPUBLICAN CO	•	OMMITTEE		Transaction ID: SB23.39124 Date of Disbursement				
Mailing Address 320 FIRST S	STREET			09 08 7 2010				
City WASHINGTON	State DC	Zip Code 20003		Amount of Each Disbursement this Perio				
Purpose of Disbursement			012	2500.00				
Candidate Name			Category/ Type					
Office Sought: House Senate President	Disbursement For Primar Other (
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: SB23.39141				
NATIONAL REPUBLICAN CO	NGRESSIONAL CO	OMMITTEE		Date of Disbursement				
Mailing Address 320 FIRST S	STREET			$\begin{array}{ c c c c c c c c c c c c c c c c c c c$				
City WASHINGTON	State DC	Zip Code 20003		Amount of Each Disbursement this Perio				
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Candidate Name			Category/ Type					
Office Sought: House Senate President	Disbursement Fo							
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Full Name (Last, First, Middle Initial NEAL, RICHARD E MR.)			Transaction ID: SB23.39129 Date of Disbursement				
Mailing Address 36 ATWATE	R TERRACE			$\begin{array}{ c c c c c c c c c c c c c c c c c c c$				
City SPRINGFIELD	State MA	Zip Code 01107		Amount of Each Disbursement this Perio				
Purpose of Disbursement			011	2500.00				
Candidate Name			Category/ Type					
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	y Information copied from such Reports and Stat for commercial purposes, other than using the na			
	NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORATION	·		
<u></u>	Full Name (Last, First, Middle Initial) NUNNELEE FOR CONGRESS			Transaction ID: SB23.39093 Date of Disbursement
	Mailing Address 438 EAST MAIN ST PO BOX 7092			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City TUPELO	State Zip Code MS 38802		Amount of Each Disbursement this Period
	Purpose of Disbursement		011	1000.00
	Candidate Name		Category/ Type	
	Senate President	Primary X Ger Other (specify)		
	State: MS District: 01 Full Name (Last, First, Middle Initial)			Transaction ID: SB23.39097
	OLIVERIO FOR CONGRESS			Date of Disbursement
	Mailing Address 1199 VAN VOORHIS I			07 27 2010
	City MORGANTOWN	State Zip Code WV 26505		Amount of Each Disbursement this Period
	Purpose of Disbursement		011	2500.00
	Candidate Name		Category/ Type	
	Office Sought: X House Disbu Senate President State: WV District: 01	Primary X Ger Other (specify)		
	Full Name (Last, First, Middle Initial) ONORATO, JOHN A			Transaction ID: SB23.39136 Date of Disbursement
	Mailing Address 711 WEST 10TH			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City ERIE	State Zip Code PA 16502	1	Amount of Each Disbursement this Period
	Purpose of Disbursement		011	2000.00
	Candidate Name		Category/ Type	
	Office Sought: X House Disbu Senate President State: PA District: 03	Primary X Ger Other (specify)		
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City MANCHESTER NH 03103 Purpose of Disbursement Candidate Name Office Sought: State: NH District: 00 Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS Mailing Address Mailing Address Purpose of Disbursement State: NJ District: 06 Full Name (Last, First, Middle Initial) PALSONE (Long Branch NJ 07740 Office Sought: State: NJ District: 06 Full Name (Last, First, Middle Initial) PASCRELL FOR CONGRESS Mailing Address Disbursement Tor: 2010 Amount of Each Disbursement this Pr Date of Disbursement this Pr Date of Disbursement this Pr Date of Disbursement this Pr Disbursement Totowa Disbursement For: 2010 Amount of Each Disbursement this Pr Disbursement this Pr Disbursement Totowa NJ 07740 Transaction ID: SB23.39144 Amount of Each Disbursement this Pr Disbursement this Pr Disbursement Totowa Transaction ID: SB23.39143 Date of Disbursement this Pr Disbursement For: 2010 Transaction ID: SB23.39143 Date of Disbursement this Pr Disbursement Tor: 2010 Transaction ID: SB23.39143 Date of Disbursement this Pr Disbursement Tor: 2010 Disbursement For: 2010 Category/ Type Office Sought: NJ 07511 Primary X General President Category/ Type Office Sought: X House Senate President Disbursement For: 2010 Disbursemen	SCHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE N	
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full)	ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	22 X 23 24 25
MAME OF COMMITTEE (in Full) GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) OVIDE FOR SENATE 2010 Malling Address 172 YOUNG STREET City MANCHESTER NH 03103 Purpose of Disbursement Other (specify) ▼ Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS Malling Address PO BOX 3176 City Candidate Name Office Sought: X House Long Branch Purpose of Disbursement Candidate Name Office Sought: X House Senate President State: NJ District: 00 Disbursement For: 2010 Disbursement For: 2010 Category/Type Office Sought: X House Senate President State: NJ District: 00 Disbursement For: 2010 Category/Type Office Sought: X House President State: NJ District: 00 Disbursement For: 2010 Category/Type Office Sought: X House Senate President State: NJ District: 08 Disbursement For: 2010 Category/Type Office Sought: X House Senate President State: NJ District: 08 Disbursement For: 2010 Category/Type Office Sought: X House Senate President State: NJ District: 08 Disbursement For: 2010 Category/Type Office Sought: X House Senate President State: NJ District: 08 Disbursement For: 2010 Category/Type Office Sought: X House Senate President Senate Senate President Senate Senate President Senate Senate Senate Senate Senate Sen				
OVIDE FOR SENATE 2010 Mailing Address 172 YOUNG STREET City State Zip Code NH 03103 Purpose of Disbursement Candidate Name Office Sought: House Pesident State: NH District: 00 Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS Mailing Address PO BOX 3176 City State Zip Code NJ 07740 City State Zip Code NJ 07740 Purpose of Disbursement Candidate Name Office Sought: Y House President State: NJ District: 06 Full Name (Last, First, Middle Initial) Part of Disbursement For: 2010 Amount of Each Disbursement Wis Pesident State: NJ 07740 Transaction ID: SB23.39144 Date of Disbursement NJ 07740 Amount of Each Disbursement Initial Disbursement For: 2010 Amount of Each Disbursement Wis Pesident State: NJ 07511 District: 06 Full Name (Last, First, Middle Initial) PASCRELL FOR CONGRESS Mailing Address P.O. Box 640 City State Zip Code NJ 07511 Candidate Name Disbursement Candidate Name Candidate Name City State Zip Code NJ 07511 Candidate Name City State Zip Code NJ 07511 District: 06 Full Name (Last, First, Middle Initial) PASCRELL FOR CONGRESS Mailing Address P.O. Box 640 City State Zip Code NJ 07511 Candidate Name City State Zip Code NJ 07511 Category' 7 2 7 7 2 0 1 0 Amount of Each Disbursement For: 2010 Category' 7 2 7 7 2 0 1 0 Amount of Each Disbursement For: 2010 Category' 7 2 7 7 2 0 1 0 Category' 8 9 7 2 7 7 2 0 1 0 Category' 7 2 7 7 2 0 1 0 Category' 7 2 7 7 2 0 1 0 Category' 7 2 7 7 2 0 1 0 Category' 7 2 7 7 2 0 1 0 Category' 7 2 7 7 2 0 1 0 Category' 7 2 7 7 2 0 1 0 Category' 7 2 7 7 2 0 1 0 Category' 7 2 7 7 2 0 1 0 Category' 7 2 7 7 2 0 1 0 Category' 7 2 7 7 2 0 1 0 Category' 8 9 7 2 7 7 2 0 1 0 Category' 8 9 7 2 7 7 2 0 1 0 Category' 8 9 7 2 7 7 2 0 1 0 Category' 8 9 7 2 7 7 2 0 1 0 Category' 8 9 7 2 7 7 2 0 1 0 Category' 8 9 7 2 7 7 2 0 1 0 Category' 8 9 7 2 7 7 2 0 1 0 Category' 8 9 7 2 7	NAME OF COMMITTEE (In Full)	··		A CONTRIBUTION COOL COMMITTEE
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Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS Mailing Address PO BOX 3176 City State Zip Code NJ 07740 Purpose of Disbursement Candidate Name Office Sought: X House Senate President State: NJ District: 06 Full Name (Last, First, Middle Initial) PASCRELL FOR CONGRESS Mailing Address P.O. Box 640 City State Zip Code Other (specify) ▼ Transaction ID: SB23.39144 Date of Disbursement this Periode 1000.00 Amount of Each Disbursement this Periode Senate Other (specify) ▼ Transaction ID: SB23.39144 Date of Disbursement this Periode Senate Disbursement For: 2010 Transaction ID: SB23.39143 Date of Disbursement ID: SB23.39144 Date of Disbursement ID: SB23.39143 Date of Disbursement I	χ Senate President	X Primary General		
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Candidate Name Office Sought: X House				Amount of Each Disbursement this Period
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Senate Primary X General Other (specify) ▼ State: NJ District: 06 Full Name (Last, First, Middle Initial) PASCRELL FOR CONGRESS Mailing Address P.O. Box 640 City State Zip Code NJ 07511 Purpose of Disbursement Candidate Name Office Sought: X House Senate Primary X General Other (specify) ▼ State: NJ District: 08 Primary X General Other (specify) ▼ Transaction ID: SB23.39143 Date of Disbursement Date of Disbursement Date of Disbursement Disbursement For: 2010 Primary X General Other (specify) ▼ State: NJ District: 08	Candidate Name		0,	
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	NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORATION	I POLITICAL ACTION	COM	MITTEE				
۸.	Full Name (Last, First, Middle Initial) PORTMAN FOR SENATE COMMITTEE				Transaction Date of Disbu	ırsement		
	Mailing Address 8331 LITTLE HARBOR I	DRIVE			0 7 4	^D 26 / Y	ž 0 1 0	Y
	City CINCINNATI	State Zip Code OH 45244			Amount of Ea			-
	Purpose of Disbursement			011			2500.00	
	Candidate Name			Category/ Type				
	X Senate President	ement For: 2010 Primary X General Other (specify)	ıl					
_	State: OH District: 00 Full Name (Last, First, Middle Initial)				Transaction	In: SB22.2	20085	
	PROSPERITY PAC				Date of Disbu	ırsement		V
	Mailing Address 1006 Pendleton Street				0 7	^D 26 / Y	ž 0 1 0	1
	City Alexandria	State Zip Code VA 22314			Amount of Ea	ach Disbursen	nent this P	eriod
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	Candidate Name			Category/ Type				
	Office Sought: House Senate President State: District:	ement For: 2010 Primary X General Other (specify)	ıl					
	Full Name (Last, First, Middle Initial) ROBERT HURT FOR CONGRESS				Transaction Date of Disbu	ırsement		
	Mailing Address PO Box 2				0 7	^D 26 / Y	ž 0 1 0	Y
	City Chatham	State Zip Code VA 24531			Amount of Ea	ach Disbursen	nent this P	eriod
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NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORAT	ION POLITICAL ACTION C	OMMITTEE	
Full Name (Last, First, Middle Initial) ALLYSON Y. SCHWARTZ			Transaction ID: SB23.39142 Date of Disbursement
Mailing Address P.O. Box 2232			$\begin{bmatrix} \begin{smallmatrix} M & 9 & M \\ 0 & 9 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
City Jenkintown	State Zip Code PA 19046		Amount of Each Disbursement this Period
Purpose of Disbursement		011	2500.00
Candidate Name		Category/ Type	
Senate President	ursement For: 2010 Primary X General Other (specify) ▼		
 State: PA District: 13 Full Name (Last, First, Middle Initial)			
SESTAK FOR SENATE			Transaction ID: SB23.39119 Date of Disbursement
Mailing Address PO BOX 1936			$\begin{bmatrix} \begin{smallmatrix} M & 9 & M \\ 0 & 9 & M \end{smallmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 8 \end{smallmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} Y \end{bmatrix}$
City MEDIA	State Zip Code PA 19063		Amount of Each Disbursement this Period
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Candidate Name		Category/ Type	
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 State: PA District: 00			
Full Name (Last, First, Middle Initial) SESTAK FOR SENATE			Transaction ID: SB23.39138 Date of Disbursement
Mailing Address PO BOX 1936			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ Z & O \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & I & O \end{smallmatrix} \end{bmatrix}$
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Office Sought: House Disb X Senate President State: PA District: 00	ursement For: 2010 Primary X General Other (specify)		
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	y Information copied from such Reports and State for commercial purposes, other than using the nan			
	NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORATIO	N POLITICAL ACTION CO	OMMITTEE	
	Full Name (Last, First, Middle Initial) SNOWE FOR SENATE			Transaction ID: SB23.39095 Date of Disbursement
	Mailing Address PO BOX 2012			07 27 2010
	City PORTLAND	State Zip Code ME 04104		Amount of Each Disbursement this Period
	Purpose of Disbursement		011	2000.00
	Candidate Name		Category/ Type	
	X Senate >	ement For: 2012 Primary General Other (specify)		
_	State: ME District: 00 Full Name (Last, First, Middle Initial)			Transaction ID: SB23.39089
	STIVERS FOR CONGRESS			Date of Disbursement
	Mailing Address 4679 Winterset Drive			$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \begin{smallmatrix} T \\ M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D \\ 2 \end{smallmatrix} \begin{smallmatrix} G \\ 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y \\ 2 \end{smallmatrix} \begin{smallmatrix} Y \\ 2 \end{smallmatrix} \begin{smallmatrix} Y \\ 0 \end{smallmatrix} \begin{smallmatrix} Y \\ 0 \end{smallmatrix} $
	City Columbus	State Zip Code OH 43220		Amount of Each Disbursement this Period
	Purpose of Disbursement		011	1000.00
	Candidate Name		Category/ Type	
	Office Sought: X House Senate President State: OH District: 15	ement For: 2010 Primary X General Other (specify)	71	
	Full Name (Last, First, Middle Initial) TOOMEY FOR SENATE COMMITTEE			Transaction ID: SB23.39125 Date of Disbursement
	Mailing Address 2720 JORDAN ROAD			$\begin{bmatrix} \begin{smallmatrix} M & 9 & M \\ 0 & 9 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 8 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
	City OREFIELD	State Zip Code PA 18069		Amount of Each Disbursement this Period
	Purpose of Disbursement		011	1000.00
	Candidate Name		011 Category/ Type	
	Office Sought: House Disburs X Senate President State: PA District: 00	ement For: 2010 Primary X General Other (specify)		
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В.

President

District: 00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
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NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORATION			
Full Name (Last, First, Middle Initial) TUESDAY GROUP POLITICAL ACTION C Mailing Address P. O. Box 11586	OMMITTEE		Transaction ID: SB23.39079 Date of Disbursement The property of the property
Washington	State Zip Code DC 20008		Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Name	C	011 ategory/ Type	1300.00
Office Sought: House Disburse Senate President State: District:	ment For: 2010 Primary X General Other (specify)		
Full Name (Last, First, Middle Initial) WYDEN FOR SENATE			Transaction ID: SB23.39120 Date of Disbursement
Mailing Address 232 NE 9TH AVENUE			$\begin{bmatrix} \begin{smallmatrix} M & 9 & M \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & O & B \\ O & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} Y$
PÖRTLAND	State Zip Code OR 97232		Amount of Each Disbursement this Period
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Office Sought: House Disburse	ment For: 2010 Primary X General		

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Other (specify)

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER:	PAGE 277 / 277
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Any Information copied from such Reports and Statemer or for commercial purposes, other than using the name	,	, ,	
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORATION	POLITICAL ACTION COMM	/ITTEE	
Full Name (Last, First, Middle Initial) Genesis HealthCare Corp State PAC Mailing Address 101 E. State Street		Transaction Date of Disb	DE: SB29.39115 sursement
,	State Zip Code PA 19348	Amount of E	ach Disbursement this Period
Purpose of Disbursement		008	8000.00
Candidate Name		tegory/ Type	
Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)		8000.00
TOTAL This Period (last page this line number only)	•	8000.00